VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09829

1	PLACE OF DEATH					SUAL RESIDENCE (Where deceased			ce before o	dmission)
	a. COUNTY Anne	Arundel		MARYLANI	D 0.	STATE Maryl	and	b. COUN		e Aru	ndel
	b. CITY OR TOWN (If RURAL ond give neo Annapolis	rest town)	ts, write c. LE	ENGTH OF STAY IN 1	b c.	city or town (I	11-15-1-	rote limits, writ	e RURAL ond g	give nearest	town)
	d. NAME OF HOSPITA	L (If not in hospital, g	ive street oddre	ss)	d	. STREET ADDRESS				e. IS	RESIDENCE
	OK INSTITUTION	Anne Arund	del Gene	eral		61 C1	av Stre	eet			S NO
3.	NAME OF	Fir	st	Middle		Last	4. DATE		Month	Day	Yeor
	(Type or print)	Se	edonia			Abrams	OF DEATH		9	10	19 60
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In yellos) birthdo			UNDER 24 HRS.
	Female	Negro	WIDOWED 🔣	DIVORCED [5	-12-18	91		yrs. Months	Days Ho	ours Min.
L	- ouse	N (Give kind of work ong life, even if retired	done 10b. KIND	OF BUSINESS OR IN		mari	,la	ountry)	12. CITI	ZEN OF WH	ATCOUNTRY?
1:	3. FATHER'S NAME	nku	ow	n	14.	MOTHER'S MAIDE	NAME	iks	cons	n	
	5. VMAS DECEASED EVER Yes, nd o hknown) (1	IN U. S. ARMED FOR f yes, give war ar dates of s		AL SECURITY NO. 17	MEORM	Mac	Turs	nes	45h	beli	Story
	PART I, DEAT	he under-	,ou	(o), (b), ond (c).	yı	the	and	ben	Thaul	ONSET	AL BETWEEN AND DEATH
CERTICICATION) (c ER SIGNIFICANT CON	DITIONS CONT							P	WAS AUTOPSY ERFORMED?
		CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Ent	er noture of injury	in Port I or Por	t II of item 18.			
MEDICAL	Hour o. m.	Month, Doy, Ye	While	OCCURRED 20e. Not while of work	foctory,	F INJURY (Home, fo street, office bldg.,,	orm, 20f. (City etc.)	y or town)	(0	County)	(Stote)
	21. I certify that	(I) (this hospital) attended t	he deceased fro	m		12 , .to		, 19	, that	(I) (we) last
	saw the decease	ed alive on		. 19 , and the	at death	accurred at	M, from	the causes	and on the	e dote ste	oted above.
	220. SIGNATURE	7. 6	alla		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			22b, DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	TA	LLE	FA		22d. ADDRESS	Cra	belie	1 S7		
	3a. BURIAL, CREMATION	9-14-19	0F 23c	NAME OF CEMETER	Y OR CRE		Un	TION (City, tov	Tolis	101	Stote
2	LULLER ULLER	m Rees	e#.6	MMA.	2	DATE!	EP 1 9 '60		EGISTRAR'S SIG		

5-12-1811 69 Maryland His A. Kirkneyer Commission 4: hald in Commence of the Everal Peterles Matronal Whism favor and Da

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE **IMEDICAL EXAMINER'S** CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) y is necessor, a. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Š d. STREET ADDRESS New Bohemian Beach, Off Marley Neck Rd. New Bohemian Beach. Off Marley/ retain State 3. NAME OF Middla Last DATE the f DECEASED OF (Typa or print) LEO AMBROSE DEATH September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR may last birthday) Male Whi te WIDOWED DIVORCED 1899 10a. USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) in pencil in Item 18. Give Pages 1. Office along with form PM3. Page burial-transit permit. File pages 1 an done during most of working life, even if retired) Painter Southern Hotal Balto. pages 1 within Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Ilnknown event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes give wer or dates of service) No Cookerly 2026 Russell Frank M. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] .5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Destruction of Body by Burning. DUE TO removal, Conditions, if any, which (b) "pending" gava risa to immadiata causa ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Conflagration of home CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, streat, office bldg., atc.) While Not While 1960 al work at work Home Glen Burnie 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, NAME (Typa) Addrass (Streat, city, town, or county) DEP 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Western Cemetery P40 Ö Burial SEP 2 9 '60 REC'D BY REGISTRAN 245 ROSS RAR MICHATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 John . T. Stansbury 6411 Windsor Mill

MARYLAND STATE DEPARTMENT OF HEALTH

Anne Arundel

e. IS RESIDENCE ON A FARM?

19 60

IF UNDER 24 HRS.

Hours

Ave. INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO F

(Stata)

and in my opinion

DATE SIGNED

/27/60

(Stata)

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

Anne Arundel

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o. COUNTY		Anne Arun	del		MAI	RYLAND	2. USUAI o. STA	RESIDENCE (V	Where decease	ed lived. If instituti b. COUNTY				
	TOWN (If	autside carporate l' irest tawn)	imits, wr	ite c. LE	NGTH OF STA	Y IN 1b	c. CIT	- '- '- '- '- '- '- '- '- '- '- '- '- '-		porote limits, write F		give ne	arest town	1)
Ar	napo	lis			days		X	RURAL	- Dav.	idsonvill	e			
OR INSTI	TUTION	L (If not in hospital Ceneral					d. STI	REET ADDRESS		- 15 11				FARM?
3. NAME OF	. and		First	, p.z	Midd	le.	11 7	Last	4. DATE	Mor	Ab	D-		Yeor
DECEASED (Type or pri	nt)	Joh		M.	C.	ile.	BE	ALL	OF DEAT			00	-/	1960
S. SEX		6. COLOR OR RAC	E 7. A	AARRIED	NEVER MAR	RIED 🗌	8. DATE OF	BIRTH		9. AGE (In years			IF UND	T
Male		White	WID	OWED 📆	DIVOR	CED 🔲	Nov.	6, 188	9	last birthday) 70 yrs.	Months	Days	Havrs	Min.
10a. USUAL OC during mo Farme	st of worki	N (Give kind of woring life, even if retire to farm)	red)	10b. KIND		OR INDU	JSTRY 11. BI	Marvla	12	country)	12.CI	U.S	F WHAT C	COUNTRY
13. FATHER'S N	IAME						14. MO1	HER'S MAIDEN						
	John	Beall						Rosa T	albott					
15. WAS DECE		IN U. S. ARMED F f yes, give wor or dates			L SECURITY N		NFORMANT	rbara M	esseng	er; Daugh	ter:	Sam	e as	# 2
Candition gave ricouse (o) lying can	ans, if an se to im, stoting thuse lost.	mediate DUE	Y: (o) TP (b) TO (c)	my	ity	Kr				ASE CONDITION GI		ON ON	PERVAL BE SET AND	DEATH
OR CONTI	RIBUTING NOTIFY /	G UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE Month, Day,	TH R)		HOW INJURY	/		ture of injury i		ort II of item 1B.)		(County)		NO State

of work at work

21. I certify that (I) (thick protection attended the deceased from Sept. 13, 19.60, to Sept. 18, 19.60 that (I) (30 last saw the deceased alive an Sept. 18, 19.60, and that death accurred at _____M, from the causes and an the date stated above.

22c. PHYSICIAN'S NAME (Type)

DIRECTOR -M.D. 22d. ADDRESS

Frank M. Shipley

23c. NAME OF CEMETERY OR CREMATORY

Cathedral St., Annapolis, Md. 23d. LOCATION (City, tawn, ar county)

STAFF PHYS. [

SIGNED

230. BURIAL, CREMATION, PEMOYAL (Specify) 23b. DATE THEREOF Sept 20,1960

All Hallows

25a. REC'D BY REGISTRAR

Davidsonville Maryland

FUNERAL DIRECTOR'S SIGNATUR Hopping Funeral Home

Annapolis, Maryland

DATSEP 2 0 '60

arthur S. Kraus

Ithin 72 h physician and hos been signed by cremation, ar removal, as the burial-transit DIRECTOR: After this certificate be detached far poge 3 should the State Board TO FUNERA

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

funeral director, uld be filed with

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09833

Chillus S. Hraus

1. PLACE OF DEATH a. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Whe	h COUNTY	ion: Residence before admission) Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	+		RURAL and give nearest town)
RURAL ond give nearest town)		10		
d. NAME OF HOSPITÂL (If not in hospital, give street o	(ddress)	d. STREET ADDRESS	113	e. IS RESIDENCE
Anne A undel General Hospit	al	304 Stat	ce St.,	ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Ernest	Middle	BELL Sn.	4. DATE Mo OF DEATH Septer	
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
Male White WIDOWEI	D DIVORCED	July 29, 190		Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work done during mast of working life, even if retired)	PTIONE	USTRY 13. BIRTHPLACE (State of Maryland		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Fract H. Be	. //	14. MOTHER'S MAIDEN N	AME MY. JO	nes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. Ar /inknown) If yes, give wor or doles of service)	SOCIAL SECURITY NO. 17.1	AThe cine	F. Bell Add	dress # 2
1B. CAUSE OF DEATH [Enter only one couse per line	e for (o), (b), and (c).]	^	^	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ute myoer	ardial info	uetron	ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (o), stating the <u>under-lying cause lost.</u> (b) DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	val disease condition Gi	IVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. IN Hour o. m. 19 While at work	Not while fo	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.		(County) (Stot
21. I certify that (I) (NOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ed the deceased fram	Sept. 24. 19	60 to Sept. 2	4. 19 60, that (I) (ge) la
saw the deceased alive on Sept 24				
220. SIGNATURE LA HE LEWELL		5:10	P.M.	22b. DATE SIGNE 9/26/60
22c. PHYSICIAN'S NAME Type) John L. Hedeman		22d. ADDRESS 121 Cathed:	ral St., Anna	
236. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town,	
24. FUNERAL/DIRECTOR'S SIGNATURE /	ADDRESS	25a. REC'E	BY REGISTRAR 256, REG	GISTRAR'S SIGNATURE

TO FUNER TO HOSPIT VR A1S (4) 1SM 9/59

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CERTIFICATE OF DEATH

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0006	Keg. Dist. No.
PLACE OF DEATH O. COUNTY ANNE ARIINDET. MARYS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
AINE ALONDED	Maryland Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Annapolis	/ Annapolis, Maryland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE
U.S. Naval Hospital, Annapolis, Md.	102 Cathedral Street
3. NAME OF DECEASED (Type or print) Ida Messick BELL	4. DATE Month Day Year OF DEATH September 18 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	D 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Caucasian WIDOWED DIVORCED	29 FEB 1892 lost bythday) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF	R INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Hobsewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles HYDE	Ida MESSICK Jones -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) [(If yes, give wor or dates of service)]	
no	William HBell (2)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Myocardial In	nfarction ONSET, AND DEATH
	1141 00101
420, 1 DUE TO	
Conditions, if ony, which gove rise to immediate (b)	
cosse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
(1) Diabetis Mellitus (2) Pepti	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
O Hour o. m. While Not while	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from 16 Set	otember, 19 60, to 18 September 19 60, that I last saw the decease
	death occurred at 10:07AM, from the causes and on the date stated above
	ADDRESS (Street, city or town, stote) DATE SIGNET
SIGNATURE Edward C. Terry	U.S. Naval Hospital, Annapolis, Md.
SIGNATURE CONTROL CE ACCES	M.D. U.D. Wavar nospicat, Minaports, Ma.
PHYSICIAN'S NAME (Type) E.C. KEENE I.T MC USNR	18 September 1960
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME	TERY OR CREMATORY. 22d (QCATION (City, town, or county) (Stote)
Panoval (Specify) & Mr. + 21-66 Mation	al Cometer Amapolis Ma
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240/ REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
gum M. Jaylu was Chmap	DATE SEP 21 '60 Chilling S. Kriss
	DAIL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be referred by the haspital or attending physician.

TO FUNER SIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 km 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

TO FUNER

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9863

CERTIFICATE OF DEATH

09835

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be: Led by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in <u>operation</u> within 72 haurs after death.

VR A15 (4) 15M 9/59

	0000				
1.	PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		ian: Residence before admission) ne Arundel
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Annapolis	c. LENGTH OF STAY IN 1b		outside carporate limits, write F	RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Anne Arundel General		d. STREET ADDRESS	nce George St	e. IS RESIDENCE ON A FARM? YES NO X
	Aime Aimidel deneral	HOSPICAL	224 211	nice deorge bo	1000 130 10
	NAME OF First DECEASED (Type or print) BARNEY	Middle	Be rman	4. DATE Mor	
5. 9	Male White WIDOW		B. DATE OF BIRTH April 15. 18	9. AGE (In years last birthdoy) 68 yrs.	Manths Days Haurs Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	thing store	New Yor		U. S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Samuel Berman		Fannie	(Unk)	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Add	fress
(Ye	(If yes, give wor or dates of service)	15-32-9111 Ann	a D. Berman-	Wife- mame as	# 2
	18. CAUSE OF DEATH [Enter anly one cause per li	ne far (a), (b), ond (c).]	,		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	A cuto and	treemin		ONSET AND DEATH
	IMMEDIATE CAUSE (o)	1 and har	oncerna		0.7.0003
	DUE TO				
	Canditions, it any, which (b)				
	gove rise to immediate DUE TO				
	lying cours last				
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
CATIO	A cute fyelo reflerely	1 reval fails	p. Ly fertens	un	PERFORMED? YES NO
CERTIF	20d. ACCIDENT WAS UNITERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIE HOW INJURY OCCURRED	D. (Enter notine of injury in t	Port I or Port II af item 1B.)	
¥.		NJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, form	20f (City or town)	(Caunty) (State)
2	Haur o. m. While	for for	tary, street, affice bldg., etc.		(Caulity) (Sidile)
MEDI	p. m. 19 at wo	rk at wark			
	21. I certify that (I) (thix has pitch) attend	ded the deceosed from	Sept. 2 19	60 to Sept. 21	1960, that (1) (We) last
	sow the deceased olive on Sept.	21_1960, and that d	eath occurred at	M, from the causes ar	nd an the dote stoted above.
	22o. SIGNATURE		7 7	P.M.	22b. DATE
	Gerard Church		ATTENDING ME		9 23 60 SIGNED
	22c. PHYSICIAN S		22d. ADDRESS		1
	NAME (Type) Dr. Gerald C	hurch	121 Cathed	iral St., Anna	polis, Md.
23c	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town,	ar county) (State)
F	REMOVAL (Specify) Surial Sept 25, 1960	Kneseth Israe	ol Cemetery	Annapodis,	Maryland
_	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
	Hopping Funeral Home	Annapolis, Md.	DATE S	EP 2 6 '60	Irlhur S. Kraus
	TODATTIK T. OHATST TOWA	williabotts' Ind	DAIL OF		

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9903 CERTIFICATE OF DEATH Reg. Dist. No. ()9836
1	o. COUNTY HON ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE AMARYLAND 6. STATE AMARYLAND 6. COUNTY HON HIGH TOE
	b. EITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL/IF not in haspital, give street address) or INSTITUTION (Lake Shore) vis I RESIDENCE ON A FARM? YES NO INSTITUTION
3	NAME OF DECEASED (Type or print) HUGUST PRECERICA DOST DEATH DEATH DEATH DEATH 1960
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1. AR. 9. AGE (In foors lost birthday) Months Days Hours Min. WIDOWED DIVORCED July 25, 1922 38 yrs. Windows Days Hours Min. WIDOWED DIVORCED July 25, 1922 38 yrs. Windows Days Hours Min. WIDOWED DIVORCED DIVO
	00. USUAL OCCUPATION (Give kind of work done during mass of working life, even if retired) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAY COUNTRY 13. CITIZEN OF WHAY COUNTRY 14. CITIZEN OF WHAY COUNTRY
1	HUGUST BODIST RE EMMA SWANSON
1	5. WAS DECEASED EVER IN Ú. S. ARMED FORCES? 16. SOCIÁL SECURITY NO. 17. INFORMANT (II you give jung og dottee of springer) (II you give jung og dottee of springer) (II you give jung og dottee of springer)
	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) ORDINAL RY OCCIUSION INTERVAL BETWEEN ONSEL AND DEATH
	Conditions, if ony, which gove rise to immediate (b) CORUNARY CETHER. SCIEROSIS 54 R's
1.	couse (o), stoting the under- DUE TO MILOCARCLICA DAMAGE 54RS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \\ \\ \bigcap \text{ NO } \\ \\ \bigcap \text{ NO } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
A CHOSTA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Nat while of work all wo
	21. I certify that I attended the deceased fram 1927, to 1927, to 1927, that I last saw the deceased alive on 1927, and that death occurred at 1927, from the causes and an the date stated above
	ACTUAL SIGNATURE SIGNATURE M.O. THE ADDRESS (Street, city or town, stote) Pace SIGNET SIGNATURE SIGNATURE
	PHYSICIAN'S R. W. PRICHTED Glen BURNIE, HARGIAND
	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
2	3. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE PARTIES BELLINES M. DATE SEP 1 3 '60 Cultury S. Known

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Company of the Compan			
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Appear control of section	to Hall a	A MINISTER	

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CERTIFICATE OF DEATH

	PLACE OF DEATH a. COUNTY	Anne Arunde	el	MARY	LAND	a. STATE	Maryl		lived. If instituti b. COUNTY			re admiss	
1	b. CITY OR TOWN (I RURAL and give no Annapol		ts, write	c. LENGTH OF STAY	IN 1b	97		- Anno	nte limits, write R	URAL and	give nec	arest tawr	1)
Aı	d. NAME OF HOSPIT	AL (If not in hospital, g		The state of the s		d, STREET A		Creek					FARM?
3.	NAME OF DECEASED (Type ar print)	Robert	st	Middle G.		BRAGG		4. DATE OF DEATH	Septen		3	,	Year 19 60
	sex Male	6. COLOR OR RACE White	7. MARRIE		_	3. DATE OF BIRTH			AGE (In years last birthday)	IF UNDER	Days	IF UNDI Hours	ER 24 HRS Min.
	during most of work	DN (Give kind of work in hing life, even if retired ter)	ind of Business of me Bldg.	R INDUS	TRY 11. BIRTHPL	ACE (State	ar foreign cau			U.S.		COUNTRY
13.	FATHER'S NAME Ira Br	agg					Mary Mary	_					
IS.		R IN U. S. ARMED FOR (If yes, give wor or dates of s WW II	ervice)	ocial security NO 5 26 4286		ospital	Recor	ds	Add	ress			
CATION	Conditions, if a gave rise to it cause (a), stating lying cause last.	mmediate (Re	flued ONTRIBUTING TO DE	ATH BUT	LETY NOT RELATED TO	THETERMI	NAL DISEASE	ym condition Gi	VEN IN PAR	RT 1(a) 1	PERFC	AUTOPSY ORMED?
MEDICAL CERTIFIC	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye		RIBE HOW INJURY O	20e. PLA	CE OF INJURY ()	Hame, farm	n, 20f. (City o		((County)		(State
ME	p. m.	of (I) (NON DESCRIPTION OF A CONTROL OF A CO	at wark	at wark the deceased	that d	eath accurred A.D. ATTENDING PHYS. 22d. ADDRE	S MAI	ED. RECTOR	he causes ar			stated	las
7	BURIAL, CREMATIO REMOVAL (Specify) Burial	Sept.8.)F	23c. NAME OF CEM					ON (City, town,	or county)	nia	(Stat	e)
1	Hopping an	S STONATURE	3/	ADDRESS Burnie.				D BY REGISTR	AR 2Sb. REG	STRAR'S SI			

the funeral director, 2 should be filed with

ond completely filled popers. Poges 1 hours ofter death within physicion even offending Then pleose ony

may be in the book of the hospital or ottending physicion. **D FUNERAX DIRECTOR**: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. Then the State Board of Health prior to burial, cremation, or removal, and

or removol, and in

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO FUNERAL TO HOSPIT VR A15 (4) 1SM 9/59 *

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within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	Anne Arunde	1 MARYLAND	2. USUAL RESIDENCE (W	Vhere deceased li	ved. If institution b. COUNTY	n: Residence before Anne Ar	
b. CITY OR TOWN (I RURAL and give no Annab	75 6	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporat		JRAL and give ne	arest tawn)
d. NAME OF HOSPIT	AL (If not in hospital, give sel General Ho		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO [2]
3. NAME OF DECEASED (Type or print)	First Fred	Middle Allen	Lost BREWER	4. DATE OF DEATH	Manti		
s. sex	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH September 1	9.	AGE (In years last birthday)		R IF UNDER 24 HRS
10a. USUAL OCCUPATIO		10b. KIND OF BUSINESS OR INDU		te ar fareign coun	yrs.		F WHAT COUNTRY
13. FATHER'S NAME	Jack Palmer		Janet Lou		ver		
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service		Mother		Addre	ess	
Canditions, if a gave rise ta i cause (a), stating lying cause last.	the under-	Prematurity and		MINAL DISEASE C	CONDITION GIVE		18 hrs. 19. WAS AUTOPSY PERFORMED? YES NO 2
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Year	While Nat while fo	ED. (Enter nature af injury in LACE OF INJURY (Hame, far actory, street, affice bldg., e	rm, i 20f. (City ar		(Caunty)) (State
21. I certify the		ttended the deceased fram.	death accurred at				
23a. BURIAL, CREMATIC BURIAL (Specify)	William P. S ON, 23b. DATE THEREOF Sept 12.196	23c. NAME OF CEMETERY C		23d. LOCATIO	N (City, tawn, a	r caunty)	(State)
24 TUNERAL DIRECTOR Hopping Fun	SSIGNATURE	Address Maryla	2Sa. REC	C'D BY REGISTRA	olis Ma	TRAR'S SIGNATU	JRE
20634	DOIXVO		SE	P 1 3 '60	Cut	A J. Than	4

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9866 **CERTIFICATE OF DEATH**

09840 Rea Dist No

1. PLACE OF DEATH o. COUNTY	~1		MARYLA	NO -	O. STATE		ere decease	d lived. If instituti b. COUNTY				ion)
b. CITY OR TOWN (I	f outside corporate limi	ts. write	c. LENGTH OF STAY IN		Maryla		utida corne	prote limits, write R	Anne			7)
RURAL ond give ne	eorest town)						orside corpo	and the same of	OKAE ONG (give neor	esi iowi	'1
d. NAME OF HOSPIT	AL (If not in hospitol, g	ive street	15 yrs		d. STREET						IC DEC	SIDENCE
											ON A	FARM?
J. S. Naval					***************************************	thgat	-			- 1	YES [NO [[
DECEASED (Type or print)		Fr		OWN	lo	st	4. DATE OF DEATH	Septe		9th		Year 19 60
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	☐ B. D	ATE OF BIRT	TH	76 170	9. AGE (In years lost birthday)	IF UNDER			
Male	White	WIDOW	ED DIVORCED		4-5-1	1894		66 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHP	LACE (Stote	or foreign c	country)	12. CIT	IZEN OF	WHAT	COUNTRY
U. S. Navv		-			(Connect	ticut			US	SA	
13. FATHER'S NAME				1.		S MAIDEN N						
Alfred Bro				100	Hatti	le Hou	gh					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		.0 1100	2	Add	ess			
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)		1.20	-) m		M Dw	own, 20 S	outha	n+a	Away	2110
Jes CAUSE OF DEA	WW I and			(MTT	e) pri	sallol.	M. DI	OWIL, AU D	outing			
			ne far (a), (b), and (c).]	**	4 70			a t				DEATH
4	IMMEDIATE CAUSE (o		erioscleroti					Clrrhosis				
10	DUE TO	Lae	nnee's with	Hemo	rrhage	and	Coma			18		
Canditions, if or)										
couse (o), stoting												
lying couse last.) (c											
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19	. WAS /	AUTOPSY RMED?
3										-		NO
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	URRED. (E	nter nature (of injury in P	art I or Par	t II of item 18.)				
20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Doy, Yes	or 20d. II	NJURY OCCURRED 20	e. PLACE	OF INJURY	(Home, form,	20f. (City	y or town)	(0	ounty)		(State)
Hour o.m.	19	While	Nat while	foctory	, street, affic	e bldg., etc.;)					
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	at I attended the), ta_9		, 1900	_,that	last sav	w the	deceased
alive an 9=9	-00	, 19	, and that de	eath ac	curred at					ne date		
ACTUAL	1 7		7. 60					treet, city or town,			DA	ATE SIGNED
ACTUAL SIGNATURE	Stage .	1970	annen	M.D.	0.5.	Naval	дзон .	ital, Ann			9-1	060
PHYSICIAN'S -		C 4 3 73 T	7 M MA 11 (1) M					Mar	yland			
NAME (Type)	ohn J. MC	CANN,	LT MC USNR									
BURIAL, CREMATION		F 3-19W	JOS HAVE OF COMETER	alf	Cach	emy	22d. LOCA	MAL PO	(Sunty)		1500	7.
23 FUNE AL DIRECTOR'S			ADORESS	1.	11	240. REC'D	BY REGIST	TRAR 24b. REGIS	TRAR'S SIC	SNATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	9867	CERTIFICA	ATE OF DEATH		eg. Dist. No.
1. PLACE OF DEATH o. COUNTY Ann	e Arundel	MARYLAND	o. STATE	nere deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (IF RURAL and give no Annapol	outside corporate limits, wri arest town) 13	te c, LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RURA $ au$ on	AL and give nearest town)
d. NAME OF HOSPIT, OR INSTITUTION Anne Aru	AL (If not in hospitol, give standel Hospit		d. STREET ADDRESS 1620 Fu	Apt.#30 ller Street,N	e. IS RESIDENCE ON A FARM? YES NO 3
3. NAME OF DECEASED (Type or print)	lenry	F Buc	hanan	4. DATE Month OF DEATH 9	Day Year 1960
5. SEX male	1 0 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 10/22/1894		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPATIO during most of work Retir	N (Give kind of work done in Gife, even if retired)	106. KIND OF BUSINESS OR INDUSTRIBLE ${f F}_{ullet}{f C}_{ullet}{f C}_{ullet}$	Charlott		12. CITIZEN OF WHAT COUNTR
William F	rank Buchar	ian	14. MOTHER'S MAIDEN N Elizab	eth Magill	
	R IN U. S. ARMED FORCES? If yes, give war or dates of service) WW T		nformant gnes L. Bucl	nanan 1620 Fu	ller St., N.W.
	TH [Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (b).	money	Edim	ONSET AND DEATH
Conditions, if or		'owan	, occlu	nem?	Yh
gove rise to in couse (o), stoting t lying couse lost.		retuio m	bestic	CVD	12tyr.
CATIO		ns <u>contributing to death</u> but	NOT RELATED TO THE TERM	inal disease condition given	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 2
OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item 18.)	
Y 20c. TIME OF INJURY Hour o. m. p. m.	w w		ACE OF INJURY (Home, form clary, street, office bldg., etc		(County) (State)
21. I certify the alive on	at I attended the dec		occurred at 1	9-0 4., 19-1	
ACTUAL SIGNATURE	rank in	Heifly	M.D. 12/ Ca	Mudul Si	7.04.00
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. OCATION (City, town, ar c	Ounty) (State)
REMOVAL (Specify)	9/7/60		ill Cemeter		

24b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

24a. REC'D BY REGISTRAR

DATE SEP 7

TO HOSPITAL TO FUNE VS A15 (4) 15M 9/55

The S.H. Hines Co. 2901 14th St. Washington

by the funeral director, 2 should be filed with

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled id be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1

page 3 should be detached for use as the burial-transit permit. Then please remove carbo the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after

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The state of the s		3			

Item 18 Film 274 11-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH tem 8 45 mag 7] 9-23-60 et

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) LTH DEPT. PLACE OF DEATH a. COUNTY director. Page a. STATE b. COUNTY files. MARYLAND Same Same b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) months Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) lor Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route 11, Box 148 YES NO TO State Same Middle 4. DATE Month "pending" in pencil in Item 18. Give Pages 1₂, 2 and 3 to the "xaminer's Office along with form PM3. Page 5 may be refered as a burlal-transit permit. File pages 1 and 2 with the 5 lon, or removal, and in any event withtin 72 hours after de-DECEASED (Type or print) DEATH 19 sther Margaret Bywater September 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours AAin WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slela or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan If retired) Mt. Vernon. N.Y. Housekeeper and baby sitter 14. MOTHER'S MAIDEN NAME Charles Frederick Speidell Maria Russell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas giva war or datas of servica) Records found in her room 214-22-7409 H This certificate should be executed l Examiner's Office along w be used as a burial-transit pe 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to Immediate cause DUE TO (a), steting the undarlying cousa last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? ute the certificate, writing the word Medical NO [should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR. Page 3 its designated agent. Prior to humin 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) While Not While Hour a.m. at work - et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion MEDICAL Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/17/60 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Typa) Address (Street, city, town, or county) DEP 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slele) REMOVAL (Specify) 40 % URIA 0 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR VS. A15ME SEP 2 0 '60 arthur & Krous 5M 7/59 74 DATE

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	9868 CERTIFICA	ATE OF DEATH Reg. Dist.	(100 ≥ 0 No.
	1. PLACE OF DEATH O. COUNTY ANNE AURUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE B. COUNTY ANNE	pefore admission) AURUNDEL
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest fown)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION U.S. Naval Hospital, Annapolis, Md.	d. STREET ADDRESS 311 N. Linden Ave.	e. 15 RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print) Luigi (n) CALABRESE Middle	4. DATE Month OF DEATH SEPTEMBER	17 19 60
	Male Caucasian WIDOWED DIVORCED	24 March 1894 lost birthdoy) Months Do	
-	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) White Parties of Business or Industrial Busi	ITALY	N OF WHAT COUNTRY?
1	Unknown CALABRESE	Barbario LYIERCIO	
	[Yes, no, or unknown] (If yes, give wor or dates of service) Unknown	armelina Marie Calal	rese (3)
	PART I. DEATH WAS CAUSED BY: Cirrhosis of live		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> Conditions, if any, which (b) DUE TO (c)		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED?
Ì		D. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for Hour o. m. 19 While Not while at work at work	ACE OF INJURY (Home, form, 20f. (City or town) (Courtory, street, office bldg., etc.)	nty) (State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Warren Jeffrey JONES Jr. LT M	occurred at 1:20 P.M., from the causes and on the ADDRESS (Street, city or lown, state) 17 (M.D. U.S. Naval Hospital, Annapoli, C USN	date stated above. Sep 60ATE SIGNED
	22c. NAME OF CEMETERY OF SEMENTAL DIRECTOR'S SIGNATURE 22c. NAME OF CEMETERY OF CEMETERS	R CREMATORY 224 TOCATION (City, town, or county) 240. REC'D BY REGISTRAR 4b. REGISTRAR'S SIGNA	Store)

moy be the hospitol or ottending physicion.

O FUNER DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the registror prior to buriol, cremation, or removal, and in any event within 72 haurs ofter death. TO HOSPITAL TO FUNE VS A15 (4) 15M 9/55

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

by the funeral director, 2 should be filed with

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

TO HOSPIT TO FUNE

CERTIFICATE OF DEATH 3000

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Anne Arur	del		MAI	RYLAND	2. USUAL RESIDENCE OF STATE Marylan	•	b. cou	NTY	Residence		odmissi	on)
b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOW	N (If outside ca	rporate limits, wr	ite RUF	AL ond g	ive neare	est town)
RURAL ond give neo			3mo. 24	days	Baltimo	710	-	21	LA	-	Lin	
d. NAME OF HOSPITA		rive street		act, o	d. STREET ADDR			3 1		9	IS RESI	DENICE
OR INSTITUTION	le State I				3700 Ca		Avenue				ON A	FARM?
3. NAME OF	Fir	st	Midd	lle	Last	4. DAT		Month		Day	١	ear
(Type or print)		elen			Clark	OF DEA		9		26		9 60
	6. COLOR OR RACE	7. MARR	IED NEVER MAR	RIED	B. DATE OF BIRTH		9. AGE (In you		Manths		Haurs	R 24 HRS.
Female	Negro	WIDOWE	DIVOR	CED 🔲	1893		67	yrs.	Mainins	Days	naurs	Min.
100. USUAL OCCUPATION	(Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE	(State or fareign	n country)		12. CITI	ZEN OF	WHAT	COUNTRY?
during mast of working Unemploy)		-	Marvl	ond					U.S.	A
13. FATHER'S NAME	eu				14. MOTHER'S MAI						0.00	A.e
		-										
James Stev					Carolin	e ?						
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. 11	NFORMANT			Addres	15			
Unknown	yan, ground or or out or		Unknown		Hospital R	ecords						
18. CAUSE OF DEAT	H [Enter aniv one co	ouse per lin	ne for (a), (b), and (INTER	VAL BE	TWEEN
PART I. DEAT	H WAS CAUSED BY:	Т			ehydration					ONSE	TAND	DEATH
1150	IMMEDIATE CAUSE (o	'	IICMIL ULUII	ania D	erly dra or or					-		
750	DUE TO		1 1									
Conditions, if an		C	hronic Br	ain S	yndrome							
gave rise to im												
lying cause last.) (0) A	rterioscl	erosi	S							
Z PART II. OTHE	R SIGNIFICANT CON	DITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION	4 GIVEN	IN PART	1(0) 19.	WAS A	UTOPSY
ĬŢ.												RMED?
200. ACCIDENT WAS	UNDERLYING []	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of inju	ory in Part 1 or 1	Part II of item 1B	3				463
OR CONTRIBUTING !	CAUSE OF DEATH											
20c. TIME OF INJURY Haur o. m = p. m.		While	NJURY OCCURRED		ACE OF INJURY (Home story, street, affice bld		City or tawn)		(C	ounty)		(Stote)
	. 1 .41		. 46 6.	/2	10.60	9/26	, 19	60	46-4-1-1			
21. I certify the	o Do											
alive on	7429	, 1.2	and the	at death	occurred at 7.					e date		
	6 11/111	1. 1					(Street, city or t				-	TE SIGNED
ACTUAL SIGNATURE	YMULL	UA \			M.D. Crow	nsville	State E	losp	ital	, Md	. 9	126/60
	W-10-5	-	3									
PHYSICIAN'S NAME (Type)	L. Bened:	ict,	M. D.		Crow	nsville	State H	OSD	ital.	. Md.		126/60
220. BURIAL, CREMATION	. 29b. DATE THEREO	OF /	22c NAME OF CE	METERY			CATION (City, to			7	(State	1
REMOVAL (Specify)	19/30/	160	Under	of	marila	ne il	V Ba	th	2000	7-	(Sidil	MI
23, FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	, 4	11 0 240	REC'D BY REC	SISTRAR 24b.	REGIST	RAR'S SIG	NATURE	7	, , ,
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CERTIFICATE OF DEATH Reg. Dist. No il director, filed with PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Auntico MARYLAND deoth; funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d, STREET ADDRESS OR INSTITUTION Crownsv NAME OF Middle 4. DATE Last Month OF DEATH mouat (Type or print) 10110 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Female WIDOWED [DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 ottending pleose CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RIGHT HEMIPLEGIA (CGRERRAL THROMBONIS) DUE TO þ ony Conditions, if any, which (b) gove rise to immediate **DUE TO** RHEUMATIC HEART DISEASE couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) 00 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year (County) factory, street, office bldg., etc.) Hour a.m. MEDI While Not while of work of work 21. I certify that I attended the deceased fram. alive on and that death accurred at ______M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) ACTUAL Should PHYSICIAN'S CROMNSYILE NAME (Type) e 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO

Year

PERFORMED? YES NO

(Stote)

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH CAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page Health, a. STATE b. COUNTY files. Anne Arundel Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. writa RURAL and give nearest town) Your Crownsville Fort George Meade 2 yrs.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) 2 for d. STREET ADDRESS Fort George Meade Hospital h Waterview Drive State NAME OF Middle 4. DATE Month DECEASED and 3 to the the September DEATH (Type or print) Elizabeth Craig Anne executed within 24 no. 12, s. cil in Item 18. Give Pages 1, 2, s. with form PM3. Page 5 may be with form PM3. Page 1 and 2 with form PM3. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) White WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) California Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Sickler Unk. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) along with the Captain Rollin B. Craig 563-07-7535 1B. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY. Massive right subdural hemorrhage. IMMEDIATE CAUSE (e) in pencil Examiner's Office of used as a burial-tation, or removal, Office PUR TON Cirrhosis of liver Conditions, if any, which the word "pending" geve rise to immadiate cause DUE TO (a), steting the underlying cremation, CERTIFICATION 2 plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. EXAMINER: writing 6 Chief / Page 3 s to burie 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) the Chie factory, street, office bldg., etc.) Not While Hour a.m. at work at work prior ute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 0 0 MEDICAL forwarded t Natural causes | Y Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for **FUNERAL** I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Addrass (Street, city, town, or county) DEP 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Cremation Loudon Park OH 40 6 Baltimore 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Hopping and

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tems 18-21 Film

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR Months Hours 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO [(County) (State) and in my opinion DATE SIGNED September 13, 1960 22d. LOCATION (City, town, or country) 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **SEP 16** C Shur & Kraus Kirkley. Glen Burnie, Md.

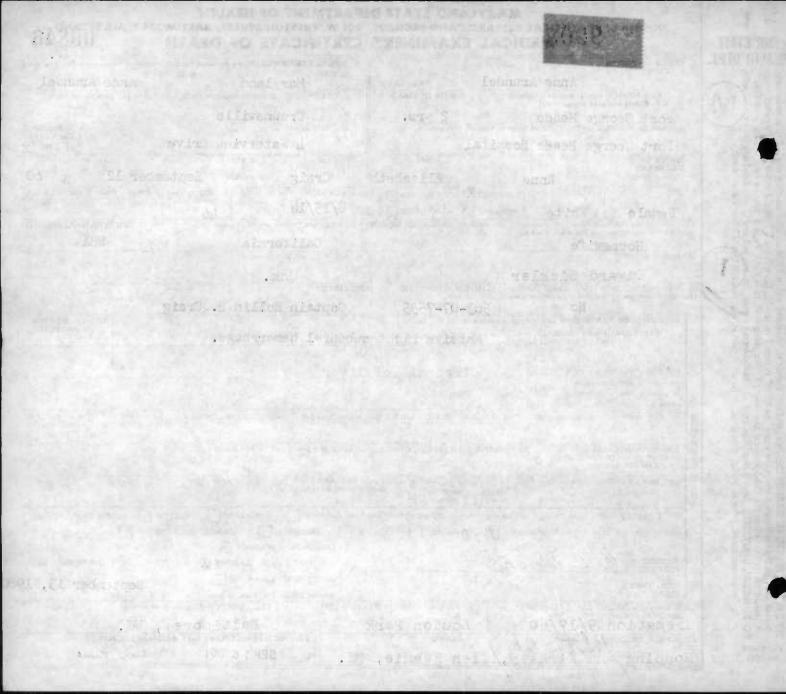
a. IS RESIDENCE ON A FARM?

YES NO X

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or removal.

VS. AISME(S) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10955 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					Keg, Dis	1. 140.
1. PLACE OF DEATH	Anne A	rundel MARYLANI	2. USUAL RESIDENCE (V		If institution: Residen COUNTY	ce before admission)
and give nearest tow		c. LENGTH OF STAY IN 16			nits, write RURAL and	give neorest town)
	napolis		Pit	tsburgh		1
		t in hospital, give street oddress)	d. STREET ADDRESS	6		e. IS RESIDENCE ON A FARM?
	Arundel Gener	al Hospital	2325	Fairland	Street	YES NO
3. NAME OF -DECEASED (Type or print)	First HUG	H S.	CRONIN	4. DATE OF DEATH	Month September	6 1960
s. sex Male	7.77.4.4.	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Feb. 13,	9. AGE	the desired	YEAR IF UNDER 24 HRS. Pays Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	ng life, even it refired) ce Manager	Life Insuran	ce Bost			USA
13. FATHER'S NAME	cc Hanager	Lite Insulai	14. MOTHER'S MAIDEN I			USA
	4 Tr		14. MOTHER 3 MAIDEN			
	t Known			Not Know		
(Yes, no, or unknown)	VER IN U. S. ARMED FORCE (If yes, give wor or dates of service	0)	INFORMANT		Eddress Banc	roft Hall
No		1	lichael P. (Cronin	Anna	polis, Md.
PART I. DEA Conditions, if a gove rise to imme (a), stoting the couse lost.	underlying DUE TO	Probable pulmona			TION CIVEN IN DARY	INTERVAL BETWEEN ONSET AND DEATH
CATIO						PERFORMED? YES NO
	ONTRIBUTING 20b. C	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t I or Port II of item 1	B.)	
Y 20c. TIME OF INJU		20d. INJURY OCCURRED 20e. PL While Not while of work	ACE OF INJURY (Home, forn ctory, street, office bldg., etc	n, 20f. (City or town)	(Coun	ity) (Stote)
death resulted		the remains described abuses . Accident . So	uicide, Hamicide	Undetern	an [], Inquiry nined cause [].	, and find that
SIGNATURE	405 /		M.D. CHIEF MEDICAL E			0/0//0
EXAMINER'S NAME (Type)	W. Br	edley King, Jr.,	ASSISTANT MEDICAL M.D. DEPUTY MEDICAL	-		9/7/60
220. BURIAL, CREMATION REMOVAL (Specify	9-8-1960	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (Cit		(State)
23 FUNERALDIRECTO	YEN LOND	and ADDRESS (Mapolis)	Md. DATE S		4b. REGISTRAR'S SIGN	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

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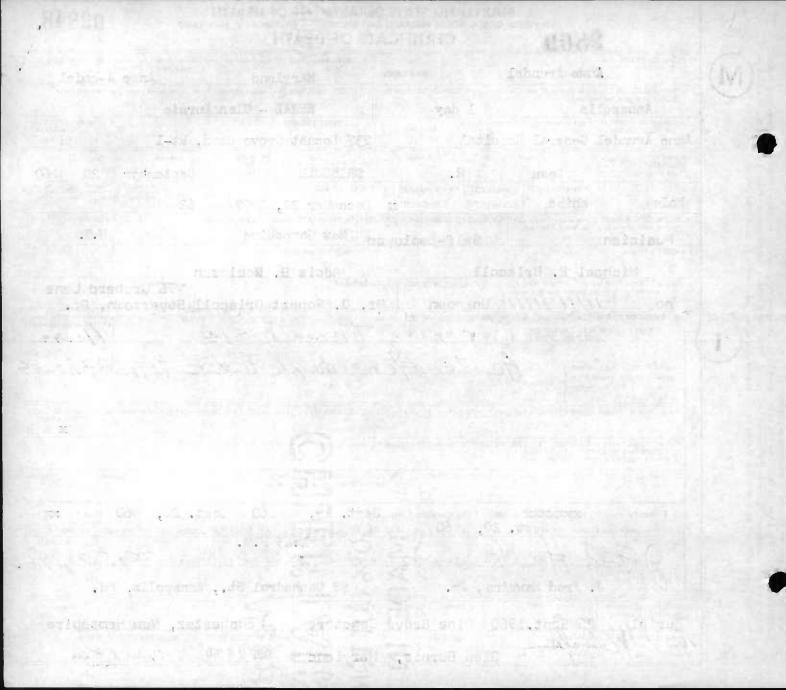
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reflected by the haspital or attending physician.

O FUNERAL STRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 outs shauld be filed with the State Board of Health prior to burial, cremotian, ar remaval, and in any event, within 72 haurs after death.

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15	M	9/5	9

2003	CERTIFICA	IE OF DEATH		
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16	V	utside corporate limits, write RU - Glen Burnie	IRAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Anne Arundel General Hos		d. STREET ADDRESS 237 Locust Gr	rove Road, Rt-1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Dean	Middle R.	DRISCOLL.	4. DATE Month OF Septe	
35-3		B. DATE OF BIRTH December 22.	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Musician	Self-Employe	STRY 11. BIRTHPLACE (State	or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Michael B. Drisc	oll	Addie B.	Robinson	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	#96	"Orchard Lane
no /////////	Unknown M	r. D. Robert	Oriscoll Boy	ertown, Pa.
18. CAUSE OF DEATH [Enter anly one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	cute He	Throm!	Panarcat	Tis 24 hours
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 200. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
	DESCRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in I	Part I or Port II of item 18.)	
Haur o.m. Wh	for	ACE OF INJURY (Home, farm tary, street, office bldg., etc.		(County) (State)
21. I certify that (I) (IDCXXSXIA) atters saw the deceased alive on Sept. 220. SIGNATURE 221. PHYSICIAN'S NUME (Type) J. Fred Hawki	20, 19.60, and that d	M.D. PHYS. DI 22d. ADDRESS	.M, fram the causes and	d an the date stated abave. 22b. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, o	or county) (Stote)
Burial 26 \$\text{Dept.196} 24. FUNERAL/DIRECTOR'S SIGNATURE/	O Pine Grove			New Hampshire TRAR'S SIGNATURE
Techard V. Dingleton	Glen Burnie,	MarylandDATE	SEP 2 6 '60 C	arthur S. Kraus



19849

directar filed erol pe no. pluods he filled ges 1 ages e papers. comp death puo pan after physician Car remave hours 72 D u edse within attendi d Then the by mit. been signed per puo physician. **burial-transit** has attending certificote the P nation 0 Use this hospital After pached OR ATTEND D ŏ pe prior 3 should registrar TO FUNERAL

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9909 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ne Arundel o. COUNTY MARYLAND Anne Arundel Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Edgewater Edgewater d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A NAME OF Middle 4. DATE First Last Manth Day Yeor DECEASED SR SEPTEMBER SAMUET TILDEN EATON DEATH (Type or print) 60 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months Days Hours White WIDOWED [DIVORCED | Nov. Male YES. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) USA Building construction Baltimore. Maryland Ret. Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Hook A.J. Eaton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Alice Leitch Eaton-Wife- same as 212-16-9948 Mrs. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour a m While Nat while 19 at work at work 21. I certify the attended the deceased fram 1960, that I last saw the deceased and that death accurred at Of M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DAJE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Albert L. Anderson MD Southgate Ave., Annapolis, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Buria. Glen Haven Cemeterv Glen Burnie Maryland FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR O.Iling & Kroud DANEP 1 3 '60 Hopping Funer Annapolis, Maryland

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e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

PERFORMED?

YES NO

(State)

ATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(Caunty)

arthur S. Thomas

SEP 1 3 '60

ON A FARM?

YES NO

Year

1960

09850

Reg. Dist. No.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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09851

	JO 5 U	CERTIFICA	CIE OI DEATH				
o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W		6 COUNTY	Residence before	
RURAL ond giv	N (If autside corporate limits, wri e nearest town)	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate			
d. NAME OF HO	SPITAL (If not in hospital, give str		d. STREET ADDRESS 1202 Tyler	Ave			IS RESIDENCE ON A FARM? YES NO
Anne Arui	ndel General Hos	sprear	TYPE TATEL				TES NO
3. NAME OF DECEASED (Type or print)	Robert	Middle	GARDNER	4. DATE OF DEATH	Septem		Yeor 19 60
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9.		FUNDER 1 YEAR I	UNDER 24 HR
Male		OWED DIVORCED	November 12,		50 yrs.	Months Days	Hours Min.
during mast of	working life, even if retired)	10b. KIND OF BUSINESS OR INDU			try)	12. CITIZEN OF V	
FFRIGER	ATION MECHANIC	MECHANIC	Mary 1			U.S	•
MADEL	1011 14 6100011		· D . C.	OSS			
5. WAS DECEASED	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NEORMANT	033	Addres	ss	
(Yes, no, or unknown)	(If yes, give wor or dotes of service)	1/2	Lelan Fishel	Es Sal	dner	(2)	
1B. CAUSE OF	DEATH [Enter only one cause pe	er line for (o), (b), and (c).]					VAL BETWEEN
	DEATH WAS CAUSED BY:	M. Oleali a.	02 2 102. 1			ONSE	T AND DEATH
13/15	IMMEDIATE CAUSE (o)V	dacupar to	chil			5	yu.
124	DUE TO						1
	fony, which) (b)						
gave rise to	o immediate DUE TO						
lying cause le							
Z PART II.	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE C	CONDITION GIVE	N IN PART 1(a) 19.	WAS AUTOPS
NO PART II.							YES NO
T 20- ACCIDENT	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I ar Part II	af item 1B.)		
OR CONTRIBUT	TIFY MEDICAL EXAMINER)						
20c. TIME OF IN	m. W		LACE OF INJURY (Home, for actory, street, office bldg., et		r town)	(County)	(Stote
Hour o.		work ot work		1			
21. I certify	that (I) bubischespinals att	ended the deceased from.	July 1966. 19	, taS	ept. 21,	_, 19.60, tho	t (1) (1000) la
saw the dec	eosed olive on Sent.	21 19 60, and that	death accurred of	M, fram th	e couses and	on the date s	stated abav
22a. SIGNATUR			3:30	A.M.			22b. DATE
Steller	a traleum		M.D. PHYS.	AED.	STAFF PHYS.	Q	/22/60 SIGNE
22c. RHYSICIAN	l'S		22d. ADDRESS				, 22/00
NAME (Typ	John L. Heden	man	121 Cathed	iral St.	, Annapo	olis, Md.	
23a. BURIAL, CREMA		23c. NAME OF CEMETERY	OR CREMATORY	230 LOCATIO	N (City, town, or	caunty)	(State)
Bremoval Spe	Soft 24-196	60 Cedar 13l	uff Cent	Um	rakol	in !	ma
24 FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS	. (250. REC	DBY REGISTON	R ESb. REGIST	PAR'S SIGNATURE	
talm of	7. Layer Dur	1 maple	O MK DATE	SEP 2 3 '	00	711.04	
//			- 5/116	April P 0	~~	William & the	all d

the funeral directar, should be filed with **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page ed by the hospital or attending physician Ö D FUNERATOIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 of the State Board of Health priar to burial, cremation, ar removal, and fipathy event, within 72 haurs after death. and is any event, within 72 haurs after deoth by the hospital ar attending physician. TO FUNERAL TO HOSPITA VR A15 (4) 15M 9/59

0.05035 Laborate work Inburga anti-tend demoke Congress Nothing and Lawrence Lyler Lyler Lynn, CORE LA TROTTON DESCRIPTION MARISH STRUCKS STRUCKS Helive Too es Elisaber ellege ,. Eletter giller

FOR STATE HEALTH DEPT.

A Liles. elay is necessary, al director. Page for your TO DEX. ** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the item at 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in the series or its designated agent, prior to burial, cremation, or removal, and in the series. VS. A15ME

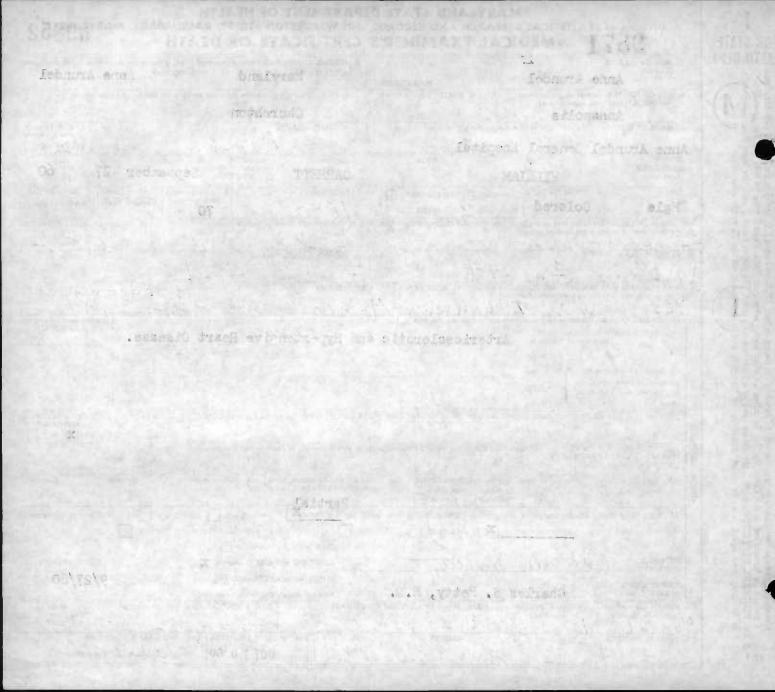
5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 52

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admis	(sion)
•. COUNTY Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)	
Annapolis	Churchton	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADORESS	NCE
Anne Arundel General Hospital	RULAL YES NO	
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer	
DECEASED (Type or print) WIILIAM	GARRETT OF September 27 19 60)
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 H	
Male Colored WIDOWED DIVORCED	1890 Rest birthdey) Months Deys Hours Mi	in.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN	TRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	£,
11/1 A	7	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	EMMA HILL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yeş, no, or unkown) (Ifyesgivewerordetesofservice)	INFORMANT Address Edge WATE	-
Yes I W W I UNINOWN M	AMIC JUPNET - A. A.C. Md.	-
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end '(c).]	INTERVAL BETWEE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic a	and Hypertensive Heart Disease.	
1 420,0 DUE TO		
Conditions, if eny, which (b)		
geve rise to immediate cause DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		
DET.	PERFORMEI YES TO NO	Dr
	Enter neture of injury in Pert I or Pert II of item 1B.)	
for the state of t	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State ory, street, office bldg., etc.)	e)
Hour a.m. While Not While et work	Partial	
21. I certify that I took charge of the remains described above, he		on
death resulted from: Natural causes , Asciden , Suic	ide, Homicide, Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL Charles S- Petty -	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED	0
EXAMINER'S	DEPUTY MEDICAL EXAMINER 9/27/60	
NAME (Type) Charles S. Petty, M.D.	Address (Street, city, town, or county)	
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or country) (Stete)	
BUTIAL 10-3-60 16,5. NATI	ONAL ANNAPOLIS- Md	
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
C. E. HICKS ANNAPOLIS	OATE OCT 10'60 Cultur S. trans	



be executed within 24 haurs after death. Page 4 by the funeral director, 2 should be filed with DEVINE. DIRECTOR: After this certificate has been signed by the attending physicida and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. ined by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physicial OR ATTENDING PHYSICIAN: The law requires that the death certificate

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VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9898 CERTIFICATE OF	DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND 2. USUAL RES O. STATE	IDENCE (Where deceased lived. If institution: Residence before admission) M.d., b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) 2/1 Lake Road 2/1	ADDRESS Lake Road e. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) GIVEN THOMAS GAR	A PATE Month Day Year OF DEATH SEPT 28 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRT MIDOWED DIVORCED Mar, 19	1, 1872 Sept. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP during most of working life, even if retired) Watchman Bulldings By	alto. Co. M.d. 20, S.A.
Peter Garrigan -	S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dries of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Ediward	P. Garrigan 211 Lake Road
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	m60315 INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. (b) CORONBAY GCL DUE TO (c) ABTERINGCLIFATIC (LRD)	O VASCULAR DISEASE 10 YES
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO COLORY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
	of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 10	(Home, farm, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 4/27/60, 19/0 alive on 7/27, 19/0, and that death occurred at ACTUAL SIGNATURE 6. BANKE AND 8	7/18, 19/19, that I last saw the deceased on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 47/ FT: Say ALLWOOD ROAD 7/28
PHYSICIAN'S BRADE SMITH 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	PASADENA MRAYLAND
Benoval (Specify) 10/1/60 New Cathedra	22d. LOCATION (City, town, or county) (Stote) Balto, Mal:
Wm. S. Fialkowski 2007 Eastern ave	DATE SEP 2 9 '60 Carthury X. Krauts

TE OF DEATH			
error a francia con Parallo, applique de la Santa de Caractello. De sejete Atria al Pero ació entrepa esti con de Santa de Caractello. De Atria			
		11.7	
	12-25-72-41		

9872

09854 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Anne	rundel		MARYLAND	2. USUAL RESIDENCE O. STATE Annapo		d lived. If instituti b. COUNTY		
b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If autside corpo	rate limits, write R	URAL and give n	earest town)
	olis		Life	Annapo	lis			
d. NAME OF HOSPITA	L (If nat in hospital, g	ive street	address)	d. STREET ADDR	leasant C	ourt		e. IS RESIDENCE ON A FARM? YES NO
	at Court			11 /				
3. NAME OF DECEASED (Type or print)	Sarah	st	Middle	Gross	4. DATE OF DEATH	Mor 9	ith [5 19 60
5. SEX Female	6. COLOR OR RACE Negro	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH June 5.	1871	9. AGE (In years lost birthdoy)	Months Days	Hours Min.
100. USUAL OCCUPATIOn during mast of warking Housewi	ng life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE			12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME			
Zedk	iah Gress			Hattie	Hardesty	125.23		
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	INFORMANT		Add	ress	
(Yes, no. or unknown)	f yes, give war of dates of si	Brvice)		Theodore G	ress, 11	Pleasan		napolis, Md
Conditions, if on gove rise to in couse (a), stating t lying cause last.	he <u>under-</u> DUE TO	CT. V	lent oclan on culad contributing to death bu	dise	ferlons FTERMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOPS)
PART II. OTH	EK STOTTITICATET COTT	DITIONS S	, , , , , , , , , , , , , , , , , , ,	THO RESIDED TO THE	L IEMMINIAE DIOENS	L CONDITION OF	TEN IN TAKE 1(0)	PERFORMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of in	ury in Part I or Par	t II of item 18.)		"
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	While	NJURY OCCURRED 20e. F	PLACE OF INJURY (Homatory street, affice blo	ne, farm, 20f. (City dg., etc.)	1:30 AC	(Count	y) (State
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S DT	R.L.Ric	19 al	and that deat	M.D. 1 10-0	Lay T	the causes are	an the da	te stated above
220. BURIAL, CREMATION			22c. NAME OF CEMETERY		Lay St, A	TION (City, town,		(Stote)
REMOVAL (Specify)	Sept 8,1		Pine Lawn Ce		-	Gate		aryland.
23. FUNERAL DIRECTOR'S		nnap	ADDRESS Dlis, Md.	24d	REC'D BY REGIST	50	STRAR'S SIGNAT	

ADR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 and by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, all be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be filed with the registror prior to burial, cremation, or remaval, and in any event within 72 haurs ofter death. page 3 should be detached for use as the burial-transit permit. TO FUNERAR TO HOSPITA! VS A15 (4) 15M 9/58

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		allogamma - C	#121 .	ezlawana	
	January Street	11. Pluma		fruit) francesti (
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			Karaman and Ka Karaman and Karaman and Kar	Panal Sant	
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	a legista was	deres carrait		State da Silina	
	and Annex	Street Park			
	Bodd West	to pld was			
	PRISON				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09855 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Anne Arundel Waryland Inne Aminde b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) en Burnie Annapolis d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Annapolis, Maryland 410 Blossom Lane YES NO IX NAME OF Middle 4. DATE Month Day Year DECEASED 1960 18th (Type or print) Sentember Baby Boy HALL 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years lost birthday) White WIDOWED DIVORCED [9-16-60 Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gloria BERHEARD Bernard Edward HALL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Glen Burnie, Maryla Father - Bernard Edward HALL, 410 Blossom Lane 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART 1. DEATH WAS CAUSED BY: Asphyxia DUE TO Atelectasis of Lungs Since Birth Conditions, if ony, which gove rise to immediate DUE TO cotse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Anencephaly YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc. o. m. Not while of work of work 1960 that I last saw the deceased 21. I certify that I attended the deceased from 9-16-60 _____, and that death occurred at 3:20P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL USNH, Anna polis, Maryland 0 the registrar PHYSICIAN'S USNH, Annapolis, Maryland ZOURAS, LT MC USNR NAME (Type) 3 TO FUNE 220. DUTTE CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) pode 23. FURTERAL BURELLOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Clearman Aust Birard Colling J. Huma DATE SEP 2 2 '60 2 Mi

hours after death. Page

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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	0 (7 2 4)					
	COUNTY	a -	MARYLAN	O STOYIE ME	(Where Receased lived. If	institution: Besidence b	perfore admission)
	CITY OR TOWN (If outside DUPAL and give nearest t	de corporote limits, write	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	Un outside corporate limits,	write RURAL and give	nearest town)
d.	NAME OF HOSPITAL (IF	not in hospital give street	reek Rd	d. STREET ADDRESS	Lolyen	eek Rd	e. IS RESIDENCE ON A FARM? YES NO
DE	ME OF CEASED pe or print)	ry an	M Don	glas Has	DATE OF DEATH	Month -	Day Year 1960
5. SE)	emale C	OLOR OF RACE 7. MAR	RIED NEVER MARRIED [1884 9. AGE (In		YEAR IF UNDER 24 HRS. Hours Min.
10a. l	yring most of working life	ve kind of work done 10b a even if retired)	. KIND OF BUSINESS OR IN	IDUSTRY MIRTHPLACE (S	tote or foreign country)	e 12.CITIZE	OF WHAT COUNTRY?
13. FA	THER'S NAME	liam	Dougl	14. MOTHERS MAIDE	ENTNAMEN	4an	10
15. W (Yes	AS DECEASED EVER IN U	. S. ARMED FORCES? 16 give wor or dates of service)	SOCIAL SECURITY NO. 1	TINFORMANT	S. Hall H	Address	d ml
11	PART I. DEATH WA	Enter only one couse per l AS CAUSED BY: EDIATE CAUSE (o)	ine for (a), (b), and (c).	ulmorany	18 dem		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, w		ten solar	et Hyll	lange Co	varo-	
	couse (o), stating the <u>un</u> ying couse last.	DUE TO VC	scular d	secul q	الله لاهم		1 years
CATION	PART II. OTHER SIC	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	RMINAL DISEASE CONDITI	ON GIVEN IN PART Y	(0) 10. WAS AUTOPSY PERFORMED? VES NO
CER	Da. ACCIDENT WAS UNI OR CONTRIBUTING CA F EITHER, NOTIFY MEDIC	AUSE OF DEATH	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of injur)	in Port I or Port II of item	1B.)	
MEDICA	c. TIME OF INJURY Mo Hour a. m. p. m.	While		PLACE OF INJURY (Home, foctory, street, office bldg.,		(Cou	inty) (Stote)
	1. I certify that (I) aw the deceased a	rul is 1 (ded the deceosed fro	m 600 at death accurred of	A. from the cau		, that (I) (we) lost late stated above.
	20 RIGNAZORE R	has don		M.D. ATTENDING PHYS.	MED. STAFF PHYS.	9/1	3 60 SIGNED
2	2c. PHYSICIAN'S NAME (Type)	RICHAR	DSON M.	D 10-C	AY 31 1	TAPAFAEL	15 194
230. B	EMOVAL (Specify)	36. DATE THEREOF 7-15-1960	23c. NAME OF CEMETER	olship	234, LOCATION (City,	town, or county)	Mistore)
7	HERAL DIRECTOR'S SIGN	m Reese	HUMMESS HUMME	25a. IDATE	950 4 9 100	b. REGISTRAR'S SIGN	

D. D. Million Colo Harrete 7 3-2-110 Minday Exit Pet Mudely Court 1 the - ". Mary aux 1 rapies Hall 9- 11 60 4-29-1884 76 Maryhand U.S.F. Henry has Rellian Frugles Ferries Harres James Hall Harared W. Manual 15-1160 Bricewickiff Harmond Mill Villian Percent Cloud Me

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	3

9911 CERTIFICATE OF DEATH

										Keg. DIST	, INO.	
o. ÇOU	of DEATH NTY ne Arund	el		MARY	rland 2	o. STATE	vland		l lived. If instituti b. COUNTY	on: Residence		mission)
	Al and give neare	utside corporate limi est town)	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	_	Annap	rote limits, write R	URAL and giv	ve nearest t	own)
OR I	ne of Hospital Institution Innor Gue	(If not in hospital, g	give street	address)		d. STREET AD					01	RESIDENCE N A FARM?
3. NAME DECEAS	SED	ELSIE	rst	Middle		BRUCH		4. DATE OF DEATH	Septem		Day	Year 19 60
5. SEX		White	7. MARI	RIED NEVER MARRI		une 28.	1888		9. AGE (In years last birthday) 72 yrs.	IF UNDER 1		NDER 24 HRS.
during	House	life, even if refired	done 10b.	own home		Y 11. BIRTHPLA	CE (Stote				SA	IAT COUNTRY
13. FATHER					1	14. MOTHER'S A	MAIDEN N	AME				
	John					Fr	ances	Thom	pson			
1S. WAS D (Yes, no. or u	unknown) (If y	N U. S. ARMED FOR es, give war or dates of s	ervice]	. SOCIAL SECURITY NO NONE	100		Steve	ns Sr	Daugh		ame a	8 # 2
gove couse lying	ditions, if ony, erise to imme (a), stoting the couse lost. PART II. OTHER	under- DUE TO)	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO T	THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART I	1(o) 19. W	AS AUTOPSY RFORMED?
≃ OR CC	CCIDENT WAS U	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (I	D/S/ Enter nature of	injury in P	art 1 or Port	It of item 18.)		YES	□ NO X
₹ 20c. TI/	ME OF INJURY Hour a. m. p. m.	DICAL EXAMINER) Month, Day, Yes	While	NJURY OCCURRED Not while		OF INJURY (Ho y, street, office I			or town)	(Co	unty)	(Stote)
	on 2.7	attended the	deceas _, 19		death of	, 160 , coursed of	102'	M, from	the causes of th	ind an the		ne decease ated abave DATE SIGNE
NAME	CIAN'S (Type)	Edward 1		MD		210	Las	ple.	n fle	form	refet	i, mo
Bur	L. CREMATION,	Sept. 30,		Glen Have				4 1 1 2 1	ION (City, town, o	or county)	(9	itote)
	DIRECTOR'S SI	iosurure ioral Home	5/	ADDRESS		2	240. SEF	BY RECUETE	AR 24b. REGIS	TRAR'S SIGN	ATURE	
2100	brug but	TOTAT LOW	7/ A	nnapolis.	Mary la	und	PAILSEP	3 0 '60	Cal	Lucy 8 H	Asset	

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FOR STATE HEALTH DEPT.

HEALTH DEPT y is necessary, files. Feelth, no/vou TO DEK ... MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deplease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 25-end 3 to the if 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. ox VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9874 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9874 MEDICA	AL EXAMINER'S	CERTIFICA	TE OF DEATH	0.9858
1. PLACE OF DEATH a. COUNTY			ICE (Where deceesed lived, If institutio	n: Residence before admission)
Anne Arundel	MARYLAND		V	nne Arundel
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate limits, write RURAL	end give neerest town)
Annapolis			napolis	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Anne Arundel General H	iospital	30	6 Rogers Heights	YES NO
NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) MARCIA	ANN	HANEKE	DEATH September	26 19 60
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	3. DATE OF BIRTH	9. AGE (In yeers IF UND)	
	WED DIVORCED	July 24, 19	16st birthdey) Months	Deys Hours Min.
0e. USUAL OCCUPATION (Give kind of work 1DI	. KIND OF BUSINESS OR INDUST			CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)	nono	()man	hole me	2154
3. FATHER'S NAME	, , , , ,	14. MOTHER'S MAIDEN	NAME 29	1,0,11
million b H	anoba	00'	Q 11	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (Ifyes give wer or dates of service)	18. SOCIAL SECORITI NO. 17.	- (1)	Muhahaha	(1)
		ames u.	Muchan	0
18. CAUSE OF DEATH [Enter only one cause p	1/			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ptured Stomach	during Post-	operative care for	
955 X XXXXXX	Tonsillectomy.			
Conditions, if any, which (b)				
gava rise to immadiata cause				
(e), stating the underlying cause lest.				
PART II. OTHER SIGNIFICANT CONDITIONS OF CAUSE OF DEATH OF CAUSE O	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
20e. EXTERNAL CAUSE WAS 2Db. DE	SCRIBE HOW INJURY OCCURED.	Entar neture of injury in Pe	rt 1 or Pert II of item 1B.)	
PRIMARY Tor CONTRIBUTING	Therapeutic Mis			
	od. INJURY OCCURRED 20e. PL		m, ; 20f. (City or town)	County) (State)
Hour all Cally	/hile Not While fac	tory, streat, offica bldg., at	c.)	
		Hospital	Annapolis An	ne Arundel Md
21. I certify that I took charge of the	remains described above, h	eld an Autopsy 🛣.	Inspection, Inquiry,	and in my opinion
death resulted from: Natural causes	, Accident 🗶, Suid	ide , Homicide	Undetermined manner	
0/.10		CHIEF MEDICAL	EXAMINER	
ACTUAL Challes J	. I betty .	M.D. ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
		DEPUTY MEDICA	L EXAMINER	9/27/60
EXAMINER'S NAME (Type) Charles S.	Petty, M.D.		city, lown, or county)	7/-1/00
24 BURIAL CREMATION 226 DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or cour	ntry) (State)
BMOVAL (Spacify) 2 16+ 29-	Co Hollows	+ Money	(brusho	les Med
23. FUNERAL DIRECTOR	ADDRESS	24a. RE	C'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
your of taylus	downey our	oca Ma	FD 0 0 100	
		DATE	Chilling	S. King

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Lay I Coppy

Charles D. Pothy No.

53153,5

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W	here deceased lived. If institution: Res b. COUNTY	idence before admission)
	0.000	Anne Arundel	MARYLAND	Mary.		e Arundel
	b. CITY OR TOWN (II RURAL and give ne	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RURAL o	and give nearest town)
	Annap			Anne	apolis	
2	d. NAME OF HOSPITA	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
9	Anne Arunde	el General Hosp	ital	5 Mai	rtin St.	ON A FARM? YES NO 🔀
	3. NAME OF	First	Middle	Lost	4. DATE Month	Day Year
	(Type or print)	Douglas	M.	HIPKINS	OF DEATH September	29 1960
	5. SEX	6. COLOR OR RACE 7. MAR	DIED THE NEVER MARRIED	B. DATE OF BIRTH	Dobe cure of	DER 1 YEAR IF UNDER 24 HRS.
	Male	White widow			lost birthdoy) Mont	
		ON (Give kind of work done 10b.		November 22,	1907 52 yrs.	CITIZEN OF WHAT COUNTRY?
	during most of work	king life, even if retired)				
	Plumber	· N	aval Academy	Maryla		U.S.
	13. FATHER'S NAME	1.61.1	1661	14. MOTHER'S MAIDEN	NAME ON I	
	mari	les 6, 14	premo	Lather	ene vilson	
		R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT	Address Address	8
				apulota	L. HERRIES	(2)
	18. CAUSE OF DEA	TH [Enter only one couse per I	ine for (o), (b), and (c).]	6		INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Hepatis	Coma		ONSET AND DEATH
	157	DUE TO	11 (6			10
	Conditions, if or		Lebritis	Fan Our		Aluta 1
	gove rise to in	m mediote	1 pour	1	0-	10.0043
	lying couse lost.	the under-	1 June OK	- Dan Cre	as Parinous	7) 4-WEI
		IFR SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PAR 1(0) 19, WAS AUTOPSY
	PART II. OTH OR CONTRIBUTING OR CONTRIBUTING U (IF EITHER, NOTIFY	ick siontification constitutions	CONTRIBUTION TO DESTIN	THO RESILES TO THE TERM	MAR DISEASE CONTINUE OF EACH	PERFORMED?
	20a. ACCIDENT WA	S LINDERLYING TO 20h DES	SCRIBE HOW INJURY OCCURR	ED /Enter noture of injury in	Port Lor Port II of item 18.)	YES NO K
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	ED. (Enter holdre of injury in	roll for form of hem to.)	
				A CC OC IN IMION (I)	Text (c)	
	20c. TIME OF INJURY Hour o.m.	While		LACE OF INJURY (Home, for octory, street, office bldg., etc.	c.)	(County) (Stote)
	p. m.	19 of wo	rk ot work			
	21. Lertify tha	it (I) (this hospital) Catten	ded the deceased fram,	Aug. 28. 19	60, to Sept. 29, 1	9_60, that (I) (90 last
					M, fram the causes and an	
	220. SIGNATURE	1 N.		8:20	P.M.	22b.DATE
	/ Ferme	IN Warting		M.D. PHYS.	NED. STAFF	9/30/60
	236. PHYSICIAN'S	V-(1		22d. ADDRESS		1100100
	N/ME (Type)	James R. MART	IN	6 Shaw St.	, Annapolis, Md.	
	23g_BURIAL, CREMATIO	N, 23 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d_LOCATION (City, town, or cour	nty) (Stote)
1	EMOVAL (Specify)		mann	emerico O	maria	mo
-	24. FUNERAL DIRECTOR	S SIGNLATURE	ADDRESS/	0 . 0 . 25a. REC	D BY REGISTRAR 256. REGISTRAR	S SIGNATURE
D	John m	7. Jay ur Sin	o thomas	DATE OF		S. Krus
	//	-		L DVIE AL	- Coccasi	D. TVIANE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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titution: Residence befare admission) INTY Anne Arundel
ite RURAL and give nearest town)
e. IS RESIDENCE ON A FARM? YES NO
Manth Day Yeor
ears IF UNDER 1 YEAR IF UNDER 24 HI ay) Months Days Hours Min
12. CITIZEN OF WHAT COUNTR
6R
Address 2
INTERVAL BETWEEN ONSET AND DEATH
in
N GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
3.)
(County) (Sto
3, 19 60, that (I) (xxx) lo
s and on the dote stated obay 22b.DATE SIGN
napolis, Md.
own, or county) State) Wills
REGISTRAR'S SIGNATURE

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09862

0011	Reg, Dist, No.
1. PLACE OF DEATH O. COUNTY HAVE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY A. A. Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL on give negret Jown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) FLORENCE (Type or print)	HOFFMAN DATE Month Day Year OF DEATH 9 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years lost birthdoy) yrs. 9. AGE (In years lost birthdoy) yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION (Business of working life, even if retired) RES. + TARTNER RUS CO.	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME A. HARTGE	SUSAN EDGAR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO.	GIBERT HOFFMAN #2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Alsease Interval Between ONSET AND DEATH Leellen.
Conditions, if any, which) (b)	
gave rise to immediate cause (a), stating the underlying cause last. DUE TO	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOW
CAUSE OF DEATH.	inter noture af injury in Part I ar Port II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factor while at work of work of work	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.) (City or town) (County) (Stote)
21. I certify that I took charge of the remains described about death resulted from: Nettifol causes , Accident , Suid	ve, held on Autopsy , Inspection , Inquiry , and find that cide , Homicide , Undetermined cause .
ACTUAL SIGNATURE Churchen at	
EXAMINER'S E.LINHARJT.	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER P 9. 4.60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURKER BU	CREMATORY 22d tOCATION (City, town, or county) (State) RIPL PROUDO CALESUILLE HD-
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exemplificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your factor. Page 3 should be used as a burial-gremation, File pages 1 apd 2 with the registro. cute the ritificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2 farwar, to the Chief Medical Examiner's Office along with farm PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 ar removal. TO DEPUTY VS. A15ME(5)

5M 9/55

AND THE MEDICAL EXAMINER'S DESTRICALL OF DEATH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

0.9863 CERTIFICATE OF DEATH

> e. IS RESIDENCE ON A FARM?

Days

U.S.

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

YES NO

(Stote)

22b. DATE

(Stot)

YES NO NO

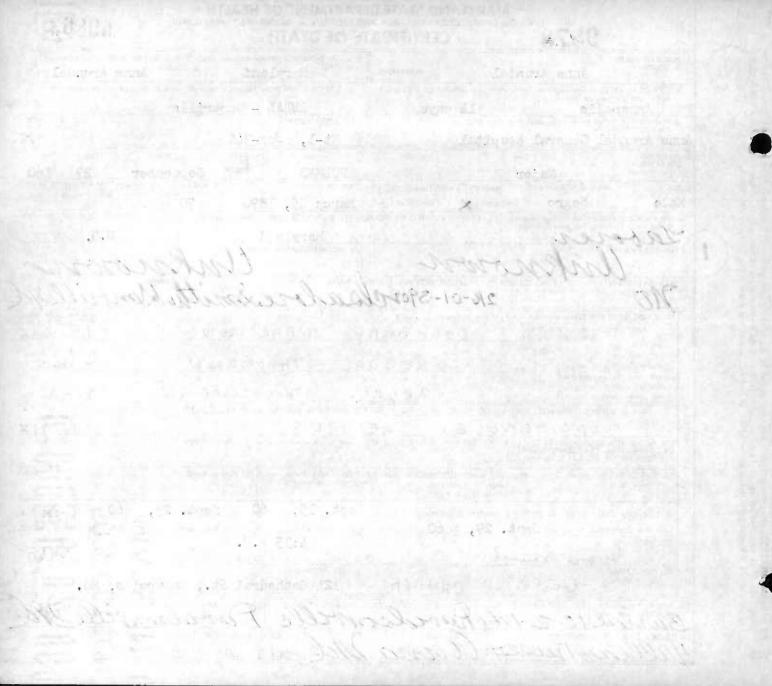
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1960

9878 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Maryland Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 14 days RURAL - Gambrills Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Box-340 Anne Arundel General Hospital Rt-1. NAME OF DECEASED 4. DATE Middle Month OF DEATH (Type or print) HOLMES Major September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH lost birthdoy) Months Male Negro 70 yrs. DIVORCED | WIDOWED M March 25, 1890 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Maryland 13) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: CEREBRAL INFARCTION **DUE TO** THROMBOS 11 CEREBRAL Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the under-SLEONALD ATHEROSCLEROSIS lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? UNDIAGNOCEN CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify that (I) (this haspital) attended the deceased fram. Sept. 15, 1060, to Sept. 29, 1960, that (I) time) last saw the deceased alive on Sept. 29, 1960, and that death occurred at ____M, from the causes and an the date stoted above. 22o. SIGNATURI STAFF DIRECTOR [PHYS. 22c. PHYSICIAN S 22d. ADDRESS CHUNCH -121 Cathedral St., Annapolis, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR Circling & Thousa

director filed wit haurs after death. Page funeral pe after papers. and carban 72 physician = with remave attending a py permit. remaval been signed burial-transit crematian, detached for Health ed by the DIRECTOR: pe af Board 3 shauld FUNERA page 3 sh the State I 0

1SM 9/59



VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 9879

1. PLACE OF DEATH					2. USUAL RESIDE	NCE (Who	ere deceased	lived. If instituti	on: Reside	nce befo	re admissi	ion)		
o. COUNTY	Coberes		MARYL		o. STATE	rvlan		b. COUNTY		Am	ndel			
b, CITY OR TOWN	If outside corporate limi	its, write	c. LENGTH OF STAY I	N 1b		-		rote limits, write R	URAL ond	give ned	rest town	1)		
RURAL ond give r			E. T. L. T. L. L.		1 d An	napol	is							
d. NAME OF HOSPI	TAL (If not in hospital, o	give street	oddress)		d. STREET AD						e. IS RES	IDENCE		
OR INSTITUTION	undel Gener	n l			/ 312	N. G	len A	ve.				FARM?		
3. NAME OF	Fir		Middle		Lost		4. DATE	Mor	nth	Do	ly \	Yeor		
(Type or print)	Louisa		T.	H	lucksall.		DEATH	Sept		16	1	19 60		
S. SEX			RIED NEVER MARRIE		DATE OF BIRTH	1100		9. AGE (In years			1	R 24 HRS.		
Female	White	WIDOW	ED DIVORCED		Oct. 5,	1878	3	81 yrs.	Months	Doys	Hours	Min.		
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CI1	IZEN OF	WHATC	OUNTRY?		
during most of working life, even if retired)							Pennsylvania					U.S.		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME							
ľ	Michael Bri	lding	ger		Nora		(unkr	nown)						
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT			Add	ress	JUE				
(Yes, no, or unknown)	(It yes, give war or dates of s	service)		Nor	a Nash,	886	West	Lombard	d Str	eet				
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate the <u>under-</u> (a	2) 7	EMPLEM	n i e	2,hEI	ETA	low	ERhod		4	dan	145		
PART II. OT	THER SIGNIFICANT CON		CONTRIBUTING TO DEA	S BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	PERFO	NO		
	AS UNDERLYING A G ACCUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OF	CCURRED.	(Enter noture of	injury in I	Port I or Por	t II of item 1B.)						
20c. TIME OF INJU Hour o. m. p. m.	10	While			CE OF INJURY (Hory, street, office			or town)		(County)		(Stote)		
	at (I) (this hospital ased alive an 9	l) attend	ded the deceased	that de		at 7.30	THE REAL PROPERTY.	the causes an			stated			
230. BURIAL, CREMATI	ON, 23b. DATE THEREO		23c. NAME OF CEME	-				TION (City, town,			(Stot	te)		
24. FUNERAL DIRECTO			ADDRESS	1 1		2So. REC'	D BY REGIS	TRAR 2Sb. REG	ISTRAR'S S	IGNATU	JRE			
Wm. Cook, In	nc., 1217	St.Pa	aul Street			DATE S	EP 2 0	'60	Irthur	8 th	aus			

					The Real Property			
Lobaural san	. band	erre g		Anno Arendel				
	51100	aci.	atlocana.					
	. sie .ve.	312 1			Lame Arundel General			
16 6	.Jasc	110:01			Louisa			
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J. 5.	affiliations							
	(Eurand)							
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 988 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	Anne Aru	ndel	MARYLAN		usual RESIDENCE (Va. STATE Mary	0.000	b. COUNTY		Arund	_
RURAL and give ne		ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I	Dr. College		RURAL and g	ive nearest	tawn)
Anna p	Olis AL (If nat in haspital, g	ive street	19 hours		d. STREET ADDRESS	AL - Od	enton		10.15	RESIDENCE
OR INSTITUTION				1		- 101			C	N A FARM?
Anne Arunde	I General H	lospi	tal		Rt-1, Ba	X-424			YE	S NO
3. NAME OF DECEASED	Fire	st	Middle		Last	4. DATE OF	Mai	nth	Day	Year
(Type ar print)	Leroy				HUMMER	DEATH	Septe	mber	30	1960
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D.	ATE OF BIRTH	In Front I	9. AGE (In years last birthday)			INDER 24 HRS.
Male	White	WIDOWI	ED DIVORCED	Sei	otember 18	. 1897	63 yrs.	Munths	Days Ho	ors Min.
100. USUAL OCCUPATION	N (Give kind of work o	dane 10b.	KIND OF BUSINESS OR IN					12.CITI2	EN OF WH	IAT COUNTRY?
during most or vigit	ing life even if retired		V		Marylan	d			U.S.	
13. FATHER'S NAME	14 / 200	,		14	I. MOTHER'S MAIDEN					
Tonno	in 11. H	1100	MFR		ROSE	: ZA	RRA	NK.		
IS. WAS DECEASED EVE	PINILI S APARD FOR	CES2 14	SOCIAL SECURITY NO. 1	17 INFOR		/ ///	Add	iress -	1 111	ant
(Yest nd. or unknown)	(If yes give wor or dotes of se		1 10 -0 of	MOI	DIDATA	1V /I	D KUM	112	GHA	MIV
ger.	w.w.I	d	12-04-0600	11/19	PORDITI	1 201	non		IND	•
·/		use per li	ne far (a), (b), and (c).]							AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	An	terior myocan	rdial	infarcti	on	0.000		30	Kr
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Canditians, if a	ny, which)	,								
gave rise to i	mmediate (,								
lying cause last.	the <u>under-</u>								- 1	
			CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. V	VAS AUTOPSY
OIT A									P	ERFORMED?
200. ACCIDENT WA	S LINDERLYING []	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (F	nter nature of injury	in Part I ar Par	t II af item 18.)			- LI MAA
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
ZOc. TIME OF INJUR Have a. m. p. m.	Y Manth, Day, Yes				OF INJURY (Hame, fo street, affice bldg.,		ar tawn)	(0	(aunty)	(State)
Havr a.m.	19	While at war		100.01)	siredi, dirico biag.,					
	s (I) fabrical monitoral	è mètono	ded the deceased fro	- S	ent. 30	1060 10	Sent . 30). 106	O that	/// Aemr) local
saw the deceas	sed alive an Del	250-7	0, 1960 , and th	at deat	h accurred at	M, from	the causes a	nd an the	date sta	22b DATE
22d. SIGNATURE	. 1m	0//	.11		ATTENDING	MED.	STAFF		7011	. SIGNED
- M	aul 11 x	ter,	My	M.D.	PHYS.	DIRECTOR L	PHYS.		10/6	/00
22c. PHYSICIAN'S NAME (Type)_	Frank M.	Shipi	Ley		22d. ADDRESS					
R	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		DX.		121 Cathe	dral St	, Anna	oolis,	Md.	
230. BURIAL, CREMATIC	ON, 2314 DATE THEREC	960	234 NAME, OF CEMETER	RY OF CH	CLW.	230 19CA	24 XIII	(caunty)	74	isloyd.
24 EMMERAL DIRECTOR	S MONTURE	48	ADDRESS TO	ta.	MA 250. RE	OCT 1 1		Istrar's SIC		
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		THE STATE OF THE STATE OF		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Items 2.8 FilmG272 10-6-60 et Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL Page c. LENGTH OF STAY IN 16 c. CITY OR TOWN-(If outside corporate limits, write RURAL and give nearest town) pearest town) (Rural Annapolis p director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Lake Shore Drive YES NO NAME OF Middle Month Day Year funeral DECEASED OF DEATH (Type or print) 1966 for 7. MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED 18. DATE OF BIRTH 804 Months Days refoined WIDOWED DIVORCED with 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, leven if retired) puo C pe 0 13. FATRER'S NAME 14. MOTHER'S MAIDEN NAME may U. S. ARMED FORCES? 6. SOCIAL SECURITY NO. 17. INFORMANT Address Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse buo DUE TO (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19. WAS AUTOPSY CATION S PERFORMED? used NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 shauld Exor 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Medicol Haur While Not while a. m. of work of work p. m. 21. I certify that took charge of the remains described above, held an Autopsy Inspection ... Inquiry . DIRECTOR: 8 Suicide | death resulted from: (Natural causes + Accident | Undetermined cause Homicide DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNER, DEPUTY MEDICAL EXAMINER NAME (Type) Orw 22a. BURIAL, EREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) 5 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATU 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Thous SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO T

(Stote)

DATE SIGNED

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CERTIFICATE OF DEATH

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o. COUNTY Chare area	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	d lived. If institution: Resider b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	prote limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION	oddress).	d. STREET ADDRESS	a della la	e. IS RESIDENCE ON A FARM? YES NO D
NAME OF First	or ar ch	1 ETICETIC NO.	o thande	71 7 4
NAME OF DECEASED (Type or print) AGNES	Middle JE	Lost 4. DATE OF DEATH	SEPTEM BE	Day Yeor 11 19 6
SEX 6. COLOR OR RACE 7. MARR	A	Sept. 1-1918	9. AGE (In years lost birthday) Months yrs.	Days Hours Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life, wen'if retired)	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or foreign	country) 12. CI	IZEN OF WHAT COUNTE
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Tackso	u	Manie E	uses	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give wor or doles of service)	social security NO. 17. IN	Korpi Zel recon	Address	
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	lose Krombi	in and unly	lism.	ONSET AND DEATH
Conditions, if ony, which) (b) hy	Resetony			mice 9/9
gove rise to immediate couse (a), stating the under-lying couse last.	Workema-	caletonie ty,	ce .	since 193
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAI	PERFORMED?
20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Po	rt 11 of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. It While of world	Not while foct	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	y or town) (County) (State
21. I certify that I attended the decease	10/0/	2. 19. to 9/11/		last saw the deceas
olive on7/4/60/2	ond that death	occurred at 7M, fro	m the couses and an t	he dote stated abo
ACTUAL Mensule	thet.	A.D. Order	lle Vkste	Konstel
PHYSICIAN'S L. BENEDICT	M.).	Crowner	Me, My.	
o. BURIAL, CREMATION, PREMOVAL (Specify) 9-17-60	22c. NAME OF CEMETERY OR	CREMATORY 22d, LOCA	ATION (City, town, or county)	1 d (Stote)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIS	TRAR 24b. REGISTRAR'S SI	GNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 y the funeral directar, 2 should be filed with may bear fined by the haspital or attending physician.

O FUNEN DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNEA VS A15 (4) 15M 9/55

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ATS THE PUBLIC

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission) I director. Page or your files. e. COUNTY e. STATE b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your write RURAL and give neerest town) Camp Parole Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE Boar ON A FARM? Rear of Katcefs Tavern. State YES NO Rina Road death. 3. NAME OF Middla DATE Month Day retai Yaar and 3 to the fi DECEASED OF the (Type or print) WILLIE B. **JACKSON** DEATH September 19 60 with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Page 5 m. 1 and 2 w. 2 will bigthday) Months Hours Min. Mala Colored WIDOWED DIVORCED within 24 hours after 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY OF WHAT COUNTRY? CE (State or foreign country) in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page uring most of working life, even if retired File pages ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. roddatas of sarvica) Office along with any This certificate should be executed CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c). .5 ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Emaciation due to Chronic Pancreatitis pue IMMEDIATE CAUSE (a) DUE TO removel. eny, which (b) gave risa to immadiate cause "pending" Examiner's 15 DUE TO (e), stating the undarlying 10 o cause last. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 3 ute the certificate, writing the word Medical NO [pinous 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 Hour e.m. Whila Not Whila at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion egent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 9 DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. plnods NAME (Type) Address (Street, city, town, or county) DEP 9989 22e. BURIAL, CREMATION, 22b. DATE THEREOF E OF GEMETERY OR CREMATORY LOCATION (City, town, or country REMOVAL (Specify) OH Z40 REGISTRAR'S SIGNATUR VS. A15ME arthur S. Krous DATE SEP 160 5M 7/59

Item 18 Film 272 10-14 APYRAND STATE DEPARTMENT OF HEALTH

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2 CERTIFICATE OF DEATH

Reg. Dist. No.

09869

	Keg. Dist. 110.
1. PLACE OF DEATH O. COUNTY MARYLAN	D 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION II At his home!	d. STREET ADDRESS On a FARM? YES NO
3. NAME OF DECEASED (Type or print) A Middle	4. DATE Month Day Year OF DEATH 9 3 1960
5. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	1 Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	Chestisfield Att CV
13. FATHER'S NAME Johns	14. MOTHER'S MAIDEN NAME TO THAT
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) (If yes, give wor or dates of service) 2/4-05-0207	Hattil Sorrell Amafolis
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause last. [b] DUE TO [c]	INTERVAL BETWEEN ONSET AND DEATH
CATI	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from dive on 19, and that deceased from Physician's NAME (Type)	ath occurred at
220. BURIAL, CREMATION, REMOVAL (Specify) SULL 7/60 SAL 1/40	Y OK CREMATORY 22d. LOCATION (City, Jown, of county) (State) mod
23. FUNERAL DIRECTOR'S SIGNATURE THIS ADDRESS TIME	nfolis 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE SEP 7 '60 Contain S. Kroug

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Year

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(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

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(State)

CERTIF	ICATE	OF	DEA	TH
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1. PLACE OF DEATH o. COUNTY	A. Co.	with the	MARYLAND	2. USUAL RESIDENCE Mary I and	CE (Where decea	sed lived. If institution b. COUNTY			e admissi	
RURAL and give r	(If autside carporate limi negrest town) thicum	ts, write	c. LENGTH OF STAY IN 16	North Li		porote limits, write R	URAL and	give nea	rest tawn)
d. NAME OF HOSP	TAL (If not in hospitol, g	give street	oddress)	d. STREET ADDR	rles Ro	oad /				PARM?
3. NAME OF DECEASED (Type or print)	Edgar Ra		yce Middle	Last	4. DATE OF DEAT	Sant	h 7/	60 ^{Do}	y 1	Year
s. sex	6. COLOR OR RACE	7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH Jan. 25	.1887	9. AGE (In years last birthday) 73 yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS Min.
during most of wa	ION (Give kind of work or king life, even if retired Painter	1	KIND OF BUSINESS OR INDI			9.0	US		WHATC	OUNTRY
13. FATHER'S NAME late Wm	. Joyce			14. MOTHER'S MAI						
1S. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR			-Mrs. D	elmar a		9 Ch	arl		Rd.
18. CAUSE OF DE	ATH [Enter anly one co	use per l	ine far (a), (b), and (c).]	-in /	20	1 0	1		RVAL BE	

PART I, DEATH WAS O		per line for (a), (b), a	e fa	furel	COR Pul	Imonale)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (o), stoling the <u>under</u> lying cause lost.	DUE TO	bronic,	Hagke	rtight	it Engl	hysema	790
PART II. OTHER SIGNI	FICANT CONDITION	ONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO TH	ETERMINAL DISEA	ASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPS PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (State) Day, Year (County) foctory, street, office bldg., etc. a. m While Not while at wark ot work p. m.

1960 19 60 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. M, from the causes and an the date stated above 1960 and that death accurred at saw the deceased alive an 220. SIGNATURE

SICKED ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23Ь. Burial (Specify)

23d. LOCATION (City, town, or county)

Loud on Baltimore e 29 Ma 25b. REGISTRAR'S SIGNATURE TUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 4101 Edmondson Ave.

and in ned by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by crematian, ar removal, page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar to burial, crematian, or removal, TO FUNERAC

TO HOSPITAL VR A1S (4) 15M 9/S9

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VR A15 (4) 1SM 9/S9

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1. PLACE OF DEATH a. COUNTY	Anne Arund	el	MARYLAND	O STATE	ence (wheel)		lived. If instituti b. COUNTY				
b. CITY OR TOWN (RURAL ond give note of the control of the contro		ts, write	c. LENGTH OF STAY IN 16	14		- Edge	ote limits, write R	URAL ond	give neo	rest tawr	n)
d. NAME OF HOSPI OR INSTITUTION Anne Arunde	TAL (If not in hospitol, g			d. STREET ADDRESS e. IS RESIDEN ON A FARI YES NO							FARM?
3. NAME OF DECEASED (Type or print)	Fir Henry		Middle Peter	KT.INKE		4. DATE OF DEATH	Septem		Da		Yeor 1960
5. SEX			RIED NEVER MARRIED	B. DATE OF BIRT	1		AGE (In years last birthday) 68 yrs.	IF UNDER Months			ER 24 HRS Min.
10a. USUAL OCCUPATIO	ON (Give kind of work of king life, even if retired	G	KIND OF BUSINESS OR INDI	ISTRY 11. BIRTHPL	German MAIDEN N	or foreign cou ny		12.CIT	US	WHAT	COUNTRY
	Johan K. ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT Nespital			Add	ress			
Conditions, if a gave rise to i couse (a), stating	DUE TO)	yema 1t. chest	ia (1t.	1.)	is			2 1	wks wks	
CATIC	her SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEATH BU 1 as thma CRIBE HOW INJURY OCCURR	T NOT RELATED TO	THE TERM			VEN IN PAR	T 1(a) 1	PERFC	AUTOPSY ORMED?
WEDICAL STREET OF THE STREET O	G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Doy, Yes	While	£	LACE OF INJURY (octory, street, office	Home, farm bldg., etc	n, 20f. (City o	or town)	(County)		(Stote
	sed alive on Ser	t. 2	ded the deceosed from. 5, 19 60, and that	death accurre	9:2 ⁶	M, fram to 7A.M. IED. IRECTOR	he causes ar	nd an the		stated 22	
NAME (Type)	Samuel Bo				AJ	apolis	rett Bl				
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	Sept.29,1		23c. NAME OF CEMETERY			Мауо	ON (City, town, Maryl	and		(Stat	te)
Hoppin	Funeral Ho	me	Annapolis, Md	•		EP 3 0 '60		STRAR'S SI			

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1. PLACE OF DEATH o. COUNTY Anne Arun	del		MARY	LAND	2. USUAL RESIDEN o. STATE Maryle		ere deceased	b. COUNT		~ .		ion)
b. CITY OR TOWN (RURAL ond give n Crownevil	-	ts, write	6 veas		Baltin		iutside corpor	ote limits, write	RURAL ond	give ned	prest fown	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, (give street			d. STREET ADD						e. IS RES	IDENCE FARM?
	le State Ho	ospit	al		2306	Bryai	nt Ave	nue				NO 🔼
3. NAME OF DECEASED (Type or print)		ank	Middle Jero	ome	Lee		4. DATE OF DEATH	9	onth	2		Yeor 1960
5. SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		18 78			9. AGE (In years lost birthday) 82 yrs	Months	R I YEAR Days	Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION during most of wor Porter	king life, even if retired	done 10b.	KIND OF BUSINESS O	RINDUS		E (State		untry)	12. C	U.S.		COUNTRY
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN N	IAME					
Unknown						iknor	wn					
15. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice	social security no Unknown		Mospital I	Reco	rds	Ad	dress			
Conditions, if a gove rise to it couse (a), stating lying couse lost.	the under-	Su	bdural Hemo									
CATIO	HER SIGNIFICANT CON								IVEN IN PA	RT 1(o) 1	PERFO	RMED?
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of in	njury in F	Port I or Port	Il of item 18.)				
20c. TIME OF INJUI Hour e. m. p. m.	NY Month, Doy, Ye	While	NJURY OCCURRED Nat while t of work		ACE OF INJURY (Horitory, street, office bl			or town)		(County)		(State)
21. I certify the alive on	nat I attended the 9/25	decease, 19		death	no. Crowns	2:25/	ADDRESS (Sir		, stote)		te state	
PHYSICIAN'S NAME (Type)	L. Bened		M. D.	Free O		vill	le Sta	e Hospi	7	Md.	9	/26/6
23 ENNERAL DIRECTOR	9-29	-60	ADDRESS	1.0	lacken	_	15	elle	or county)	5	2 (Slot	/
Cala RI	1 Deuni	75	Lough	90		a. REC'E	EP 2 9 '6	0	ISTRAR'S S	o L	KE '	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 may be VS A1:

	Q	ATE OF DEATH				Reg. Dist. No.						
1	PLACE OF DEATH O. COUNTY Anne Aru	ndel		MARYLAND	o. STATE	land	re deceosed	b. COUNTY,	on: Residence ltimo:	e before	e admiss	ion)
	b. CITY OR TOWN (I RURAL and give no Crownsvi	If outside corporate limit earest town) 11e		ength of STAY IN 16 2 years mo. 24 days	c. CITY OR Balti		tside corpori	ote limits, write R	URAL ond g	ive near	rest town)
	OR INSTITUTION	TAL (If not in hospitol, g lle State H	ive street addr	ess)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES ON OF THE STREET OF TH							
3	NAME OF DECEASED (Type or print)	Fire .Ta	mes	Middle Westly	Le	sf	4. DATE OF DEATH	Mon 9	th	Day		reor 19 60
45	. sex Male			NEVER MARRIED	B. DATE OF BIRT	TH	9	P. AGE (In years lost birthdoy) 95 yrs.	IF UNDER Months			
1	00. USUAL OCCUPATION during most of work None	ON (Give kind of work of king life, even if retired)	lone 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHP	Mary		untry)	12. CITI	U.S		COUNTRY?
1	3. FATHER'S NAME				14. MOTHER'S	S MAIDEN NA	ME					
		James Lee		44		Susie	Brown	n				
1	5. WAS DECEASED EVE Yes, no. or unknown) Yes	R fN U. S. ARMED FOR (II yes, give "Spanis" American	h 16. soc	iknown	NFORMANT Hospita	l Reco	rds	Adde	ress			
	PART I. DEATH WAS CAUSED BY: Uremia and Dehydration DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the under: Lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
20000	Chronic 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	Brain Synd AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	rome As	sociated winchogenic C	th Arter	ioscle	rosis	and Sen	ility;	1(0) 19	PERFO	RMED?
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yec	While		ACE OF INJURY ctory, street, office	(Home, farm, ce bldg., etc.)	20f. (City	or town)	(C	ounty)		(Stote)
	21. I certify the alive an	Lionel Mo	Henry 60		M.D. Cro	8:30A. A wnsvil	M, fram DDRESS (Str le Sta	the causes of the causes of the causes of the causes of the cause of t	ind an th stote) ital,	e dat	e state	ed abave. ATE SIGNED 1/9/60
	20. BURIAL, CREMATIC REMOVAL (Specify)	9-16-	60 2	C. NAME OF CEMETERY C		ed.	22d. LOCATI	ON (City, town, o	or county)	M	(State	
2	3. FUNERAL DIRECTOR	's SIGNATURE Rep	DO TI	annapolis	md.	24a. REC'D DATE SEF	BY REGISTR		STRAR'S SIG	10		

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 9884 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09875

1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryls	here deceased lived. If institution: b. COUNTY	Residence before admission) Anne Arundel.
b. CITY OR TOWN (I RURAL and give no Annapo		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURA	L and give nearest town)
	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS	7119	e. IS RESIDENCE ON A FARM?
	1 General Hospi	tal	310 Se	vern Ave.	YES NO
3. NAME OF DECEASED (Type or print)	First Mary	ANN	LEWIS	4. DATE Month OF DEATH Septem	Day Yeor 17 19 60
Female		RIED NEVER MARRIED	8. DATE OF BIRTH January 27.	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS
Oo. USUAL OCCUPATION Huring most of work	DN (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	rd. Brow	n	Mary ar	NAME Genning	Y
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT	Addre	
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		THRom	B65/5	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to it couse (o), storing lying couse lost.	mmediate DUE TO	CTERIOSCHE	COTIC HEA	ART DISEASE	10 YEAR
PART II. OTH	-	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPS' PERFORMED? YES NO
	AS UNDERLYING 20b. DES COUSE OF DEATH MEDICAL EXAMINER	CRISE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port 1 or Port II of item 18.)	
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d. I While of wor	Not while fo	LACE OF INJURY (Home, for octory, street, office bldg., et		(County) (State
	at (I) Mischaspitat) attended alive an Sept. 1			66, ta Sept. 17,	
220. SIANATURE	euer S	Beck.	M.D. ATTENDING A	P.M. AED. STAFF PHYS.	226. DATE SIGNE 9/19/60
22c. PHYSICIAN'S NAME (Type)	Edward S. Beck		22d. ADDRESS 71 Frankl	in St., Annapoli	s, Md.
230 BURIAL, CREMATIC MOVAL (Specify)		23c. NAME OF CEMETERY	or Crematory	23d. LOCATION (City, town, or o	Cis (Stote)
24 FUNERAL DIRECTOR	's SIGNATURE OF COME	Comapol	in Ma 25a. REC		AR'S SIGNATURE

Manday machines Tale Would Labor William Willi and a second Lord Mangal Dily Life Life Tarkendillerenth Salmin Smil The Rest of Training Plant of Market Plants of the Park Horas a surpe Hopman Edward Dana Garannaning The state of the s A PROPERTY OF THE PARTY OF THE

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	9920	CERTIFICA	ATE OF DEATH			Reg. Dist. N		8,10
1. (Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where	e deceased l	lived. If institutio b. COUNTY		fore odmiss	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GIBN BURNIB,	c. LENGTH OF STAY IN 16	Glen Burn		te limits, write RL	JRAL ond give n	earest tow	n)
ř	d. NAME OF HOSPITAL (If not in hospital, give street of NAME OF INSTITUTION Phelps Avenue	oddress)	d. STREET ADDRESS #401 Phelps	d. STREET ADDRESS #401 Phelps Avenue				
	NAME OF First DECEASED MARIVERNIS	(MARY V.)	LLOYD Lost	OF DEATH	SEPT.	21	-,	Year 1960
5. \$	Female White WIDOWE		8. DATE OF BIRTH 4thMarch 1910		lost birthdoy) 50 yrs.	Months Days	Hours	Min.
		VIND OF BUSINESS OR INDU IVE HILL BSTONE Co.	Olive Hil	1. KE		12. CITIZEN	OF WHAT	COUNTRY?
	FATHER'S NAME Ormand L. Kerns		14. MOTHER'S MAIDEN NAM					19
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. h. no, or unknown) (If yes, give wor or date of service)		nformant c. Thomas W. L	loyd	Sa	me As 7	‡ 2	
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ARCINOMATOS	sis			TERVAL BE	
Canditions, if any, which gove rise to immediate cass (a), stating the under-								YRS
Iying cause last. (c)								
L CERTIFI	20g. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	rt I ar Port I	I af item 18.)			

q. m.

p. m.

20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJURY

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, affice bldg., etc.)

(County) (Stote)

(State)

21. I certify that I attended the deceased from,

Not while of work

19.60, that I last saw the deceased and that death occurred at 12 42 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote)

PASADEN

LAN KFURD 22d. LOCATION (City, 10. 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (City, tawn, or county) REMOVAL (Specify) Glen Haven Cemetery Maryland 24地 Sept. '60

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

VS A1S (4) 1SM 9/55

MEDICAL

TO FUNER TO HOSPI

the funeral director, should be filed with

completely filled

attending physician

the à

DIRECTOR: After this certificate has been signed

or attending physician

page 3 should be detached for use as the burial-transit

to burial, crematian,

the registror prior

Then please

permit

or remaval, and

papers.

within 72 hours after death

Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Glen Burnie, Marylan BATE SEP 2 6 '60

Cirlmin S. Kine

E OF DEATH		acon-
Interest inch of the		Iuman san
The second and the second		
A Zerom and the second	Ale tal may be and	
and the second second	a r an al mandalon grant all a	ran Fembra (0.5102)
Titys Hill, Newbork v		AVIET VERTEXADO
Tidgus sont		MEL . A. NOVAL.
The same of the byold	LEW THE WALL AND A STATE OF	
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	dia magkatata	
	park - t	
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FOR STATE HEALTH DEPT

TO DEPT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Beetle, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. A15ME 5M 7/59

	MARYLAND	STATE DEPAR	TMENT OF HEA	LTH	
Divisio (1574TISTICA	L RESEARCH AND	RECORDS, 301	W. PRESTON STREE	T, BALTIMORE 1,	MARYEAND
Divisi9921TISTICA	EDICAL EXA	MINER'S CER	RTIFICATE OF	DEATH	1987

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed livad, If institution: Rasidance belora admission)
a. COUNTY	STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town)
write RURAL end giva naarasi town) Pasadena 20 years	X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	ON A FARM?
Box 209 Thick Neck Road.	Same YES NO W
3. NAME OF First Middle DECEASED	Last 4, DATE Month Day Year OF
(Type or print) Albert Charles Long	DEATH10
	September 5th 19 60. DATE OF BIRTH 9. AGE (In years IF UNDER 14EAR IF UNDER 24 HRS.
M WIDOWED DIVORCED D	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTR	7/ 1/7/ 107
dona during most of working life, avan if railied) Retired truck driver for Baltimore New	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	[
(Yas, no, or unkown) (If yas give war or datas of servica)	
First World War. 212-03-0416 M	rs. Anna Long (wife)
1B. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) COTONARY Occlusion	Sudden
DUE TO	- Jaggon
Control of the Contro	[편] [변경 [변경 [대] [변경 [대] [대] [대] [대] [대] [대] [대] [대]
Conditions, if eny, which (b)	
(e), steting the underlying DUE TO	
causa lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E CONTRACTOR CONTRACTO	YES NO TO
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (1	Entar neture of injury in Pert I or Pert II of itam 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH, 208. DESCRIBE HOW INJURY OCCURED. (I	
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
Hour e.m. Whila Not Whila feet	ory, sireer, office blogs, etc.)
21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection T, Inquiry T, and in my opinion
ACTUAL Sustage A Pauler Oll	CHIEF MEDICAL EXAMINER
SIGNATURE VILLE I TO TO THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 9/5/60
nawaem (P. 1	Addrass (Streat, city, town, or county) Clan Dunnio Md
220. BURIAL, EREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OF	R CREMAJORY 22d. LOCATION (City, fown, or county) (State)
REMOVAL (Specify) 9- 1-60 Hely Co	on Back
23. FUNERAL DIRECTORADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Jecluse 130 E tost 405	DATSEP 8 '60 anily S. Kins
7:3:3:3:3	DATOLI O VY CIALINI A. MILLI

Continued to the control of the cont STANDARD STANDARD CONTRACTOR The second of th the same of the sa AND DESCRIPTION ADDRESS OF A ALT 1 - 9-D - 10 8 138

VR A15 (4) 1SM 9/59

M	ARYLAND STATE DEPARTMENT OF HEALTH
Q Q DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
000	CERTIFICATE OF DEATH

9

09878

1. PLACE OF DEATH o. COUNTY	rundel		MARYLAND	2. USUAL RESI o. STATE	Maryland	ed lived. If instituti b. COUNTY			
	outside corporate limit grest town)	s, write c. LENG	GTH OF STAY IN 16	110	OWN (If outside corp			nearest town	n)
d. NAME OF HOSPITA	at (If not in hospitol, gi		pital	d. STREET A					FARM?
3. NAME OF DECEASED (Type or print)	Firs		Middle	40USH	OF	Mor Septemb		/	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRT	4	9. AGE (In years lost birthdoy)	-	AR IF UND	
Male	White	WIDOWED [DIVORCED 📑	Sept 19,	1903	56 yrs.		110013	
100. USUAL OCCUPATION during most of working eal Estate	ng life, even if retired)		roperty		ACE (Stote or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?
3. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME			1111	
Mart	in Machovs	kv			Anna Kobsk	V			
1S. WAS DECEASED EVER		CES? 16. SOCIAL		INFORMANT		Add		vern	
no	no	none	R	obert Kan	k- Adm. of	Estate	Annapo	NTERVAL BE	
Couse (o), stoting to lying couse lost. PART II. OTHI 20a. ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY A)	he under- DUE TO (c)	TIONS CONTRIB	UTING TO DEATH B	JT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(PERFC	AUTOPSY ORMED?
	S UNDERLYING DEATH AEDICAL EXAMINER)	20b. DESCRIBE	OW INJURY OCCUR	RED. (Enter noture o	f injury in Port I or Po	ort II of item 18.)			
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While _ No	OCCURRED 20e.	PLACE OF INJURY octory, street, office	Home, farm, 20f. (Ci bldg., etc.)	ty or town)	(Cour	nty)	(Stote)
saw the decease	(1) (this haspital)				1960, ta d at 1 35 M, fran		, 1964, nd an the d		
22c. PHYSICIAN'S NAME (Type)	Maurice Kl	(MW)	MS,	M.D. ATTENDIN PHYS. 22d ADDR	DIRECTOR	STAFF PHYS. []	ann	nort	DATE SIGNED
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	Sept 6.60		AME OF CEMETERY	or crematory		ATION (City, town,	or county) Annapoli	(Sto	te)
24. FUNERAL DIRECTOR'S	1 -1 - 3		ODRESS		25a. REC'D BY REGI		ISTRAR'S SIGN		•

25 3 11 2 property of the second the property of the second second

the funeral director, shauld be filed with by the attending physician and campletely filled it. Then please remave carban papers. Pages 1 of, and in any event, within 72 haurs after death.

Page 4		lirectar,	ed with	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		uneral a	ld be fil	
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O HOS	may b	O FUN	page	17
VR 15	AM	15 9/	(4)	

- 1	0.700	
	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RISIDENCE (Where declosed lived, If institution: Rendance before of mission) o. STATE MARYLAND 2. USUAL RISIDENCE (Where declosed lived, If institution: Rendance before of mission)	
	b CTTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	
	d. NAME OF HOSPITAL (IF to in hospitol, give street address) OR INSTITUTION	43
	3. NAME OF DECEASED (Type or print) EMMAL Middle MacON 4. DATE OF DEATH 9 196	30
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 H Out of third North Nort	in.
	100. USUAL OCCUPATION (Give kind of work done of the street of the stree	RYP
	Frank Carroll Elizabeth Carroll	,
1	15. WAS DECEASED EVER IN U. 3. ARMED FORCES? (Yes, no. 6) without Ilf yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Nabel a	0
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) West AND DEATH ONSET AND DEATH ONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate OUT TO	
	couse (o), stoting the <u>under.</u> lying couse lost. DUE TO (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	8
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 20d. INJURY OCCURRED While of work of	tote
	21. I certify that (I) (this hopital) attended the deceased from 1960, to 1960, that (I) (we) losaw the deceased alive an 1960, and that death occurred at 1960, from the causes and an the date stated about	
	220. SIGNATORE M.D. ATTENDING MED. STAFF SIGN M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGN	E
	22c. PHYSICIAN'S) NAME (Type) R. L. Richardson, M.D. 110 Clay Street	
	230. BURIAL, CREMATION, 33b. DATE THEREOF 23c. NAME OF GENETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) BONDYAL (Specify) Annapolis, Maryland A.A.	
1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE SEP 6 '60 CITIMA & KINA	

Marchent 1610 (Destroyalestern The the Mate Enpende Marie 1220-1874 80 Limite Och x Microflerick Union Howarthye French Carrell Elizabeth, Con ofle Meail paulles nation puriod 9-5-to Consideration of the manner. hellengt somether will be made

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Maryland

CERTIFICATE OF DEATH

MARYLAND

09880

Anne Arundel

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY

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9887

Anne Arundel

PLACE OF DEATH

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hand by the haspital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled it

VR ATS 1SM 9/5

	d. NAME OF H	apolis OSPITAL (If not in hospital, g ION del General H		d. STREET ADDRESS	ett Blvd.	,	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Georg	ge C	McGUCKIAN	4. DATE OF DEATH Se	ptember	20 Year 20 19 60
	Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		last b	1 46 1 4	YEAR IF UNDER 24 HRS. Hays Haurs Min.
10	during mast at	PATION (Give kind af wark warking life, even if retired veteran	dane 10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (State of Maine	r fareign country)		U.S.
	. FATHER'S NAM	Thomas McGuel			ame ot Greirso		
14	Yes	DEVER IN U. S. ARMED FOR (If yes, give war or dates of s		7. INFORMANT Mrs Elsie McGuc	kian- Wif	Address e- same as	# 2
)	Canditions, gave rise cause (a), sta lying cause	if any, which to immediate thing the under-lost. OTHER SIGNIFICANT CON)	BUT NOT RELATED TO THE TERMIN			ONSET AND DEATH
CEPTIEICATION	20a. ACCIDEN	T WAS UNDERLYING THE TIME CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU		art I ar Part II of ite	em 1B.)	The state of the s
	20a. ACCIDEN OR CONTRIBU (IF EITHER, NO	IT WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER) NJURY Manth, Day, Ye	20b. DESCRIBE HOW INJURY OCCU		20f. (City ar town		unty) (State)
CAL CEPTIEI	20a. ACCIDEN OR CONTRIBU (IF EITHER, NO 20c. TIME OF I Haur of 21. I certify	T WAS UNDERLYING THING CAUSE OF DEATH DITIFY MEDICAL EXAMINER) NJURY Month, Day, Ye i. m. 19 That (I) (this kaspinal caused alive an Second Caused	20b. DESCRIBE HOW INJURY OCCUPATION 20d. INJURY OCCURRED While at wark 1 at wark 20, 19,60, and the Beck	PRRED. (Enter nature of injury in P. PLACE OF INJURY (Hame, farm, factary, street, affice bldg., etc.) am. Sept. 18 at death accurred at 9:35	20f. (City ar tawn 20f. (Fity ar	(Ca 20, 1960) uses and an the d	that (I) (VISClast date stated abave. 22b. DATE 9/21/60

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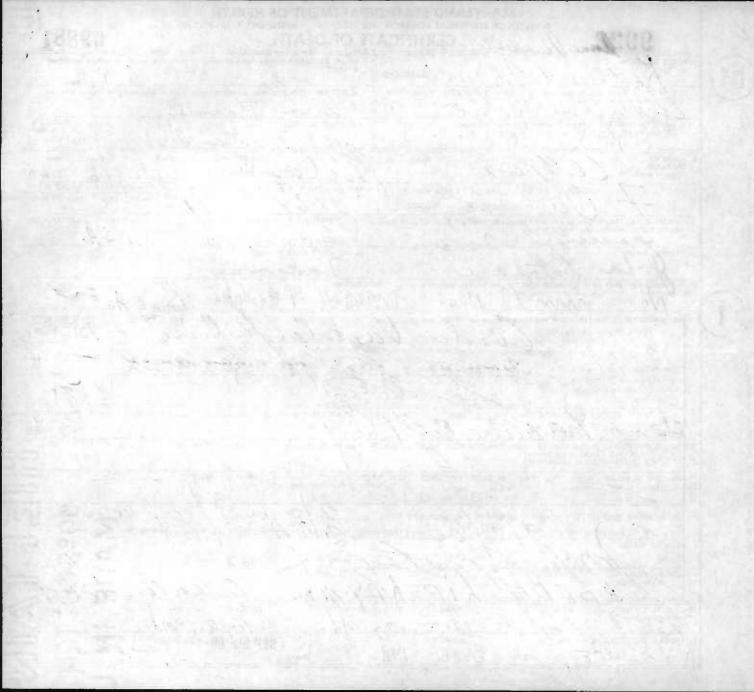
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with director, o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. STATE filed b. COUNTY the funeral should be fi LENGTH OF STAY IN 16 b. CID OR OWN (If outside corporate limits write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, dive street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Knowled wood ON A FARM? anor YES INO I NAME OF 4. DATE Middle Month Year Day DECEASED DEATH (Type or print) 196 0 B. DATE OF BIRTH 2 5 2 Mon 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months WIDOWED M DIVORCED [10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo asselvi 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME physicion remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending pleose INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: puo DUE TO þ permit. Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying couse last. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d JNJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc. Hour o. m. While Not while ot work at work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. that (I) (we) last and that death accorded at M, from the causes and an the date stated above. saw the deceased alive an DIRECTOR: 220/SIGNATURE SIGNED ATTENDING MED PHYS. PHYS. DIRECTOR _ 22c. PHYSICIAM'S 22d-ADDRESS should page 3 sh the State FUNER/ m CREMATION. 23b. DATE THEREOF 23d. LOCATION (City, town, or county) BURIAL. 23c. NAME OF CEMETERY (Stote) 0 ELINERA DIRECTOR'S SIGNATURE ADDRESS 25a. REGED-BY REGISTRAR'S SIGNATURE 2Sb. VR A15 (4) Glen DATE 1SM 9/S9

death.

MARYLAND STATE DEPARTMENT OF HEALTH



d be	4		9888 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 19882
please 4 should cremot	(F	N	o. COUNTY A. A. CO- Carry Black MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Redidence before admission) vo. STATE Employment Phuladelphua
Page Page burial	6.	7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares flown) Annapolis - Rural - C. LENGTH OF STAY IN 1b
director.	60	7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) O.O.M ANNE ARUNDEL GENERAL. 1818 Laycock and PED NO INSTITUTION (If not in hospital, give street oddress) O.D.M ANNE ARUNDEL GENERAL. 1818 Laycock and PED NO INSTITUTION (If not in hospital, give street oddress)
unerol or your f			3. NAME OF DECEASED (Type or print) Charles Middle Mifehell Day Year OF DEATH 2 1960
th. If to the fined for ith the r			6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED 72-7-1928 9. AGE (in years 15 UNDER 14EAR IF UNDER 24 Hrs. Min. Manths Days Haurs Min.
and 3 and 3 be reto	1		100-15UAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stole or foreign country) Author Service (Stole or foreign country) LISSY CITY N. J. 12. CITYEN OF WHAT COUNTRY?
hours of les 1, 2, 5 moy ages 1 c			Douglas mitchell bevery Scott
thin 24 sive Poge 1. Poge File p			15. WAS DECEASED EVER IN U. B. ARMED PORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address (Ver no. pr. Intervent) Congression (Ver
n 18. Gran PM3			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
be exected in the with for transit		V	Conditions, if any, which) (b)
should in penci			gove rise to immediate cause (o), stating the underlying couse last. (c) (c)
ding" i	0		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO.}\)
This cert rd 'pen ominer'			20a. EXTERNAL CAUSE WAS PRIMARY A Gr CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part for Part II of item 18.) Whele Summy of Sparkers Beach
the wordicol Executive 3 share	0	2	20c. TIME OF INJURY Month, Day, Year Hour D. m. 9-4-60 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, Idrm, factory, street, office bldgs, etc.) (County) (State)
writing writing hief Me			21. I certify that I took charge af the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Notural courses, Accident, Suicide, Homicide, Undetermined course
tificote, o the C		7	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
e the word	moval.		EXAMINER'S NAME (Type) E.LINGRED DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
	9		220 BURIAL CREMATION, 22b. DATE THEREOF 220-NAME OF CEMETERY OF CREMATORY (Specify) 9-12-60 (Slote)
VS. A15ME(: 5M 9/55	5)		23. RUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE SEP 8 '60 Varily 8 Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09883

1	9920	<u> </u>	0. 22,	Reg. I	Dist. No.			
M	o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland	e deceased lived. If institution: Residence b. COUNTY Baltimore	· · ·			
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Crownsville	2mo. 17 years days	c. CITY OR TOWN (If our Baltimore	side corporate limits, write RURAL and	d give nearest tawn)			
0	d. NAME OF HOSPITAL (If not in hospitel, give OR INSTITUTION Crownsville State H		d. STREET ADDRESS Unknown	3 VOI-	e. IS RESIDENCE ON A FARM? YES NO			
3	3. NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) Jessie Mitchell 9							
5			8. DATE OF BIRTH Oril 22, 1905	9. AGE (In years left UNDE last birthday) 55 yrs.	13 1960 ER 1 YEAR IF UNDER 24 HR: Days Hours Min.			
Ī	10c. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Factory Worker	ne 10b. KIND OF BUSINESS OR INDUS	TRY II. BIRTHPLACE (Stole of Maryland	foreign country) 12. C	U.S.A.			
1	3. FATHER'S NAME	A11	14. MOTHER'S MAIDEN NA Elizabe					
1	Charles Eugene Mitch 15. WAS DECEASED EVER IN U. S. ARMED FORCE	57 16. SOCIAL SECURITY NO. 17. IP	NFORMANT	Address				
	(If yes, give war or dates of servi		spital Record	s				
	Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition given in P	ART I(a) 19. WAS AUTOPS			
	3	Db. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	rt I or Part II of item 18.)	PERFORMED? YES NO			
_	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ž						
	20c. TIME OF INJURY Month, Day, Year Hour a. m		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State			
	21. I certify that I attended the dalive an 9/13 ACTUAL SIGNATURE	, 19 60 , and that death	A	M, from the causes and an DDRESS (Street, city or town, state) 1e State Hospital	DATE SIGN			
?	PHYSICIAN'S L. Benedict 220. BURIAL CREMATION 22b. DATE THEREOF	22. NAME OF CEMETERY OF		le State Hospital				
10	REMOVAL (Specific) 9-28- 23. FLIMERAL DIRECTOR'S SIGNATURE 9-2	ADDRESS	hun	Bullinal	Wel.			
	Kata R. Wilhow n.	Fefweler D. Be	Day, My, DATE EP					

y the funeral director, 2 should be filed with DIRECTOR: After this certificate has been signed by the attending physician and completely filled, the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH

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PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

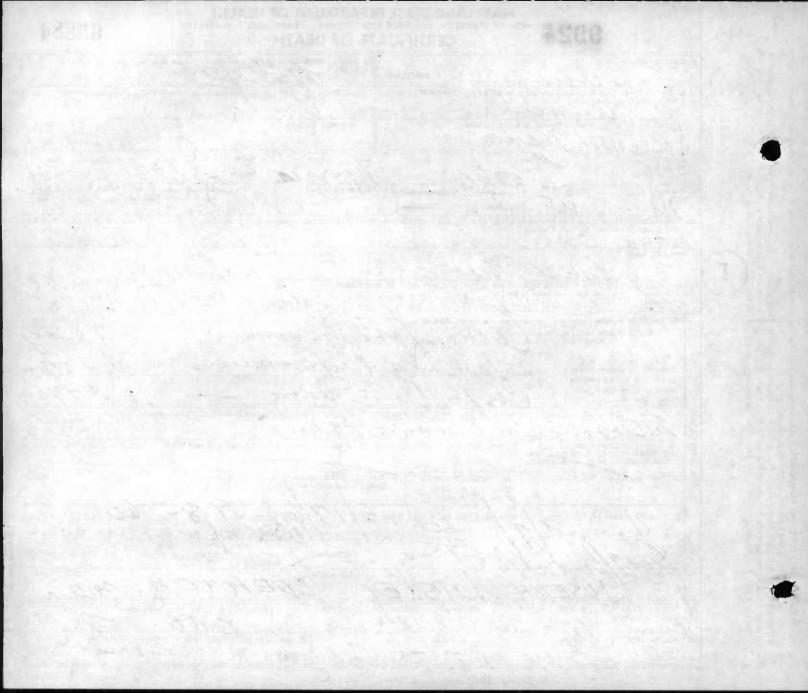
CERTIFICATE OF DEATH

09884

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	o. COUNTY and areaded MARYLAND	a. STATE
	CHY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 RURAL and, give negrest town)	c. CITY OR TOWN (If outside Graporote limits, write RURAL and give nearest tawn)
	Millensra	(Vrange
	d NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
0	Kerlinott Manor.	AES - NO -
	3. NAME OF First Middle	Last • 4. DATE Manth Day Year
	DECEASED (Type or print)	MANNE DEATH Split 8 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	MI WIDOWED DIVORCED	Fef. 12, 1866 C/L yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Kitned Broker mosuran	a England. U.S.a.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Games Marris	unlenound:
1		INFORMANT Address Addr
	(Ves. no/or unknown) (If fes. five war produles of service)	Mr. Jodhun M. Morres P.O. Dor 88 Mg
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]	INTERVAL BETWEEN
H.	PART I. DEATH WAS CAUSED BY:	Le Mournines ONSET AND DEATH
	IMMEDIATE CAUSE (6)	4-1
	Conditions, if ony, which)	of Unbern pilers what the
	gave rise to immediate	
-	couse (o), stoting the under-	p. hisan - Wast 2 year
		MENOTARELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	& atterrive (orcing	PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUR	RRD. (Enter noture of injury in Part I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour o. m. While Not while	factory, street, office bldg. etc.)
П	p. m. 19 of work at work	1/19/10 9/0 60
41	21. I certify that (I) (this hospital) attended the deceased from	10 (1) (we) last
ø		death accurred an 200 for the causes and on the date stated above.
Ю	22a. SIGNATURE	ATTENDING MED. STAFF SIGNED PHYS. D
1	Zz PHYSICIAN'S H	M.D. PHYS. DIRECTOR STAFF PHYS. 22d. ADDRESS.
	NAME (Type) PACE DUI IDENE	Y ODBHTOH. MD
	1 JUSE/IF LIISAL	
	36. BURIAL, CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or caunty) (State)
2	Burial 9-12-1760 Nrula 1	riage sala. ma.
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Within S. Kraus
1	taring sylva 8/18 the	tyled, DASEP 14'60 within S. Thank
	1 Handallatown	Wed.

TO HOSPISAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 the funeral directar, 2 should be filed with may be the first of the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to burial, crematian, ar remaval, and in any event. VR A1S (4) 1SM 9/59



CERTIFICATE OF DEATH

09885

	9925		CERT	IFICA	IE OF D	EAIN			Reg. D	ist. No.		
1. PLACE OF DEATH a. COUNTY Anne Arun	del		MARY	YLAND	2. USUAL RESIDE a. STATE Maryla		ere deceased	lived. If institution b. COUNTY Ball	nn Residentimor	e Ci	re admiss	ian)
B. CITY OR TOWN (IF RURAL and give no Crownsvil	arest tawn)	its, write		in 16	e. City or to Baltin		rtside carpo	rate limits, write R	URAL and	give nec	rest tawn	1)
d. NAME OF HOSPITA OR INSTITUTION Crownsvil	AL (If not in hospital,) le State H				d. street adi			3 Vo	1-	4		FARM?
3. NAME OF DECEASED (Type or print)	Fi Ca	theri	Middle Lne		Parker		4. DATE OF DEATH	Mon 9	th	Do 28		Year 1960
5. SEX Female	6. COLOR OR RACE Negro	7. MARE	RIED NEVER MARRI		DATE OF BIRTH			9. AGE (In years lost birthday) 81 yrs.	IF UNDER	R 1 YEAR Doys	Hours	Min,
100. USUAL OCCUPATIO during most of work Laundre	ing life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDUST		ce (Stote o rylan		auntry)	12. CI		F WHAT	COUNTRY
13. FATHER'S NAME Unknown	1				14. MOTHER'S M	known						
15. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FOI If yes, give wor or dates of	service)	SOCIAL SECURITY NO	1	ORMANT Hospital	Reco	rds	Add	ress			
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c) Congestive		t Failur	'e				INTI	ERVAL BE	TWEEN DE ATH
Canditians, if an	DUE TO		Myocardial	Infa	rction							
gave rise to in cause (a), stating I lying cause last.	he <u>under-</u>		Coronary A	rteri	oscleros	is						
PART II. OTH	ER SIGNIFICANT COM	IDITIONS (CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO T	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED.	(Enter noture of i	injury in P	art i ar Pari	t II of item 18.)				
Y 20c. TIME OF INJURY Hour a. na p. m.		While	NJURY OCCURRED		E OF INJURY (Horry, street, affice b			ar town)		(Caunty)		(State)
21. I certify the	at I attended the	deceas		t death o	19 19, accurred at 3		9/28 M. from	, 1960 n the causes o	_,that I	last so	aw the	decease
ACTUAL SIGNATURE	Deced	I				*	DDRESS (S	ate Hosp	state)		D	ATE SIGNE
PHYSICIAN'S NAME (Type)	L. Ben	edict	, M. D.			nsvil	le St	ate Hosp	ital,	Md.	, 9	1/29/6
220. BURIAL, CREMATIO REMOVAL (Specify)		0F	AS BUT	METERY OR	CREMATORY		A N	TION (City, town,	or county)	-	(Stat	10/
23. FUNERAL DIRECTOR	S SIGNATURE	-11	ADDRESS ANNAPO	18%	1)		BY REGIST	RAR 24b. REGI	STRAR'S S	GNATU	REA	7

VS A15 (4) 15M 9/55

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		A COMMENT	CALL A LINE	CONTRACTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral directar, 2 shauld be filed with TO FUNERAZ DIRECTOR: After this certificate has been signed by the attending physician and campletely filled il page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 a the State Board at Health priar to burial, cremation, ar removal, and in Director, within 72 hours after death.

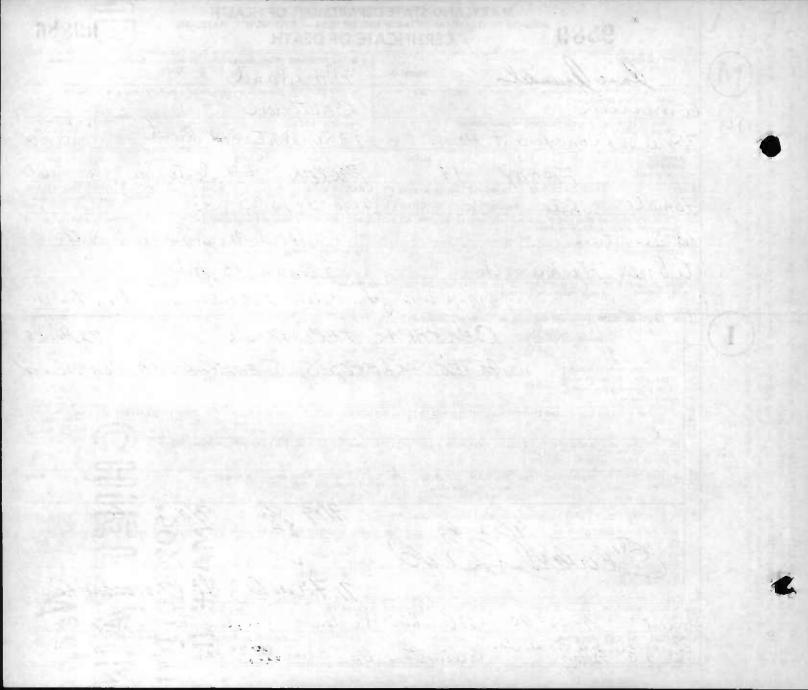
ned by the haspital ar attending physician.

VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

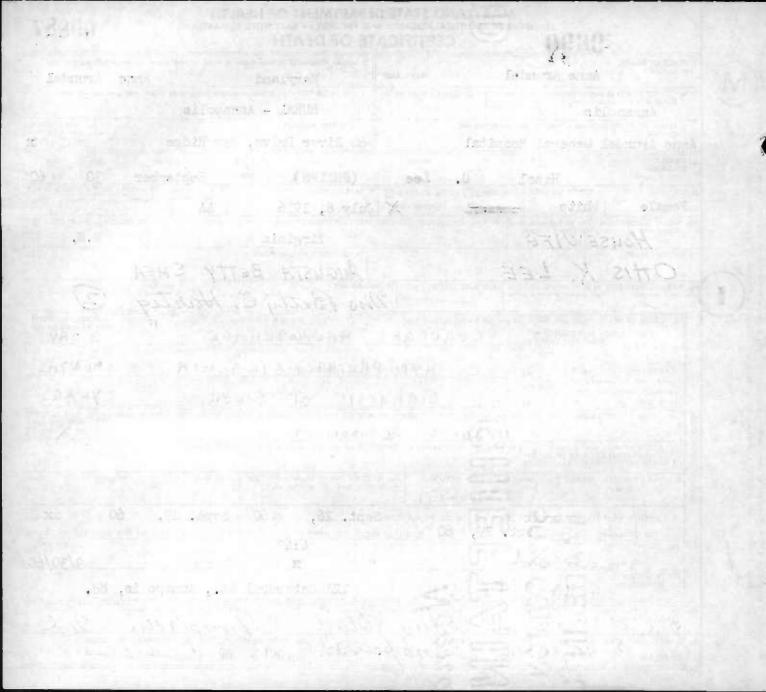
	PLACE OF DEATH	e Orund	el	MARYLAN	D-STATE	CENCE (Where decease	ed lived. If instituti b. COUNTY		fore admission)
1	b. CITY OR TOWN (I		nits, write	E. LENGTH OF STAY IN 1	c. CITY OR	OWN (If outside corp	orote limits, write R	RURAL ond give n	earest town)
		'AL (If not in hospitol,	give street od	(dress)	d. STREET A		10.	1	e. IS RESIDENCE ON A FARM?
X	lomenboa	Convales	cent;	Home	1350	Pentuo	od Vutu	a	YES NO D
	NAME OF DECEASED (Type or print)	FAN	irst	H, Middle	PACKE	4. DATE OF DEATH	801101000	uber 2.	3 1960
5.	sex Jemale	6. COLOR OR RACE	MARRIE WIDOWED	D NEVER MARRIED DIVORCED	June 13	- 1875	9. AGE (In years lost birthdoy) 8 5 yrs.	Months Days	Hours Min.
100	during most of work	king life, even if retired	done 10b. KI	IND OF BUSINESS OR IN	130	offord , 2)	inginia	c)1	S, a.
13.	FATHER'S NAME	Hacku	orth		C.	MATDEN NAME	3 yrd		
		R IN U. S. ARMED FO (If yes, give wor or dates of		9-14-04/6	John Jel	lu - 225 E	naus Lore	o- alexa	rudrio, Va.
		mmediote ((o) C (b) A	3		ombosis 5, GEM		ON	ITERVAL BETWEEN NSET AND DEATH 72 HOURS
FICATION		HER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTI	200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	1	RIBE HOW INJURY OCCU	RRED. (Enter noture o	f injury in Port I or Po	ort II of item 18.)		
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Y	ear 20d, 1NJ While of work	Not while	PLACE OF INJURY (foctory, street, offic	Home, form, 20f. (Ci e bldg., etc.)	ty or town)	(Count	y) (Stote)
		ot (1) (this haspite sed alive an	12/00	d the deceased fra	/		the causes ar		that (I) (we) last te stated abave. 22b. DATE SIGNED
230 B	o. BURIAL, CREMATIC REMOVAL (Specify			23c. NAME OF CEMETER	Sanden	1	ation (city town, lington	or county)	(Stote)
24.	FUNERAL DIRECTOR	'S SIGNATURE	, clac,	address Cirlington	. Ea.	DATE SEP 2	100	ISTRAR'S SIGNAT Carlhum S. A	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

set	15-11	953() CERTIFICATE OF DEATH	
Page	director, filed with	1. PLACE OF DEATH a. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE Maryland Anne Arundel Anne Arundel	fore odmission) Arundel
deoth.	pe ed	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis c. LENGTH OF STAY IN 1b RURAL — Annapolis	earest town)
urs after	should 3	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Anne Arundel General Hospital d. STREET ADDRESS 60 River Drive, Bay Ridge	e. IS RESIDENCE ON A FARM? YES NO
24 hot	illed in the inth.	3. NAME OF DECEASED (Type or print) Hazel C. Lee (PHELPS) 4. DATE Month OF DEATH September	Oay Year 30 19 60
d within	oletely fi rs. Pagi ofter dec		AR IF UNDER 24 HR Hours Min.
execute	hours of	during most of working life even if ratired)	U.S.
cate be	icion al	13. FATHER'S NAME OHIS K. LEE AUGUSTA BETTY SHEA	
certifi	e remove event with	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [If yes, give wor or doles of service] Address Miss Betty C, Hartig (3
he deoth	a ottending even please re		TERVAL BETWEEN SET AND DEATH 3 DAYS
s that t	d by the nit. Th vol, and		2HTWOM
require	n signersit per	gove rise to immediate cause (a), stating the under-lying cause last. DUE TO CIRAHOSIS. 012 LIVER	2NATH Y
The law	has bee rial-trai	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
CIAN:	fificate sthe bu	20a. ACCIDENT WAS UNDERLYING CONCERNED. (Enter noture of injury in Part I or Port II of item 1B.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 20c. ACCIDENT WAS UNDERLYING CONCERNED. (Enter noture of injury in Part I or Port II of item 1B.)	15.
PHYSI or o	this cer or use a	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While of work 19 20d. INJURY OCCURRED to work 19 20d. INJURY OCCURRED to work 19 20d. INJURY (Home, farm, foctory, street, office bldg., etc.)	1 400
ENDING	R: After ached fo	21. I certify that (I) (trischespital) attended the deceased from Sept. 26,, 19.60, to Sept. 29,	te stated obov
A PY I	RECTOI be det d of Hec	22a. SIGNATURE Leveral Church M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	22b. DATE SIGNI 9/30/60
PITA	S should ate Boar	NAME (Type) GERMAD CHURCH, 121 Cathedral St., Annapolis, M	
O HOSPI	O FUNERAL page 3 sho the State B	230. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OF CREMATORY 23d. JOCATION (City, toyh, or county) 23d. JOCATION (City, toyh, or county)	Ma.
VR A	15 (4) 19/59	24. EUNERAL DIRECTOR'S SIGNATURE CINS CAPDRESS DATE OCT 3 '60 DATE OCT 3 '60 CAULUM S. KIN	mg.



1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO M Month Day Year 1960 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? of Nell Randa Address INTERVAL BETWEEN ONSEL AND DEATH PERFORMED? YES NO Lay John san (County) (State) 1960 that I last saw the deceased ADDRESS (Street, city or town, state) DATE SIGNED

(State)

Med.

24b. REGISTRAR'S SIGNATURE

DATE

	CERTIFICATE	9926		
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VS A15 (4) 15M 10/57

	offer this certificate has been signed by the ottending physician and campletely filled in the funeral director,	ed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be TMed with	I
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	ion ond co	corbon po	promotion or removed to any event within 72 hours after death
	ng physic	e remove	72 hours
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lospitol or offending physicion.	this certi	or use os	remotion
dso	fter	P Pe	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9960

CERTIFICATE OF DEATH

Reg. Dist. No.

1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
L	o. COUNTY AM NE Avande MARYLAND	O. STATE M. B. COUNTY A.A.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
	Severno Porto 2425.	X SEVERNA VACK
	d. NAME OF HOSPITAL (If not in hospital, give street godress)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION Mel	1507 While Oak By YES NOT
	NAME OF DECEASED (Type or print) Willeam Joseph T	1. DATE Month Day Yeor OF DEATH 9 - 9 1960
5. 9	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MIDOWED DIVORCED	DC 28 1884 last birthday) Months Days Hours Min.
10a	u. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stole or foreign dountry)
	Mochenes	THE REAL WAY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME OF SHIPELDS
1	Wim Coal	mose soloniels.
15.		FORMANT Address
Yes	s, no, or unknown) (If yes, give wor or dates of survice)	worlder. ABONE
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Sous Allao-a-a ONSET AND DEATH
	The immediate cause (o) Level 1 and 1	
	Jack and so the	in tusoselioni
Н	Conditions, if any, which gove rise to immediate (b)	
П	couse (o), stoting the under-	000000000000000000000000000000000000000
_	lying cause lost. (c) /94 DELXUUS	The C.
ō	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	. (Enter noture of injury in Port I or Port II of item 18.)
G	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
N.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY IHome, form, 20f. (City or town) (County) (State)
WEDICAL	Hour o. m. While Not while fact	ory, street, office bldg., etc.)
2	p. m. 17 of work of work	
	21. I certify that I attended the deceased from.	19, to
	alive on 7-9-0, 19, and that death	occurred at P.M. from the causes and on the date stated above.
	120.012110	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE	of severie volle
B	2 1/4/1	- one 14
	PHYSICIAN'S KOBERT K. HAHN	SEVERNA VARKI MIX.
220	BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City Jown, or county) (Slote)
	PENOVAL (Specify) 9-12-60 C+ Day	CREMATORY (22d. LOCATION (Cuty lown, or county) (Spote)
23	FUNERATION STORAGES APORESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
23.	120 A 1 K Some	TOUR C
- 6	1 love & - Harrence >	MD. DATE SEP 13'60 Onthun S. Known

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 y the funeral directar. 2 shauld be filed with **D FUNEX. DIRECTOR**: After this certificate has been signed by the attending physician and campletely fitled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death. ned by the haspital ar attending physician. TO HOSPITAL

TO FUNER.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9927

CERTIFICATE OF DEATH

Reg. Dist. No.

3-														
	Anne Aru	ndel		MARY	LAND	2. USUAL RESI o. STATE Maryl		nere deceose	d lived. If instit b. COUN Frec	TY		e befare	e admiss	ion)
	b. CITY OR TOWN (III RURAL and give no Crownsvi		its, write	c. LENGTH OF STAY OF 2mo. 17 de	IVS	c. city of		outside carpo	rote limits, write	e RURA	AL and gi	ive near	est town	.)
		At (If not in hospital, o				d. STREET A			1	0	11-	-3	ON A	FARM?
	NAME OF DECEASED	Fig		Middle		Los	st	4. DATE OF DEATH		Aonth		Doy		Year '
5. 5	(Type or print) SEX	Maj		Mari IED □ NEVER MARRIE	-	Ridgl B. DATE OF BIRT		DEATH	9. AGE (In vec	rs IF	UNDER 1	30 YEAR		19 60 ER 24 HRS.
	Female	Negro	WIDOWE			1904			last birthday		anths	Days	Haurs	Min.
100	USUAL OCCUPATION during most of work Unknown	DN (Give kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDUS		rylan		ountry)		12. CITI		S.A.	COUNTRY
13.	FATHER'S NAME	Ridgley				14. MOTHER'S								
15			CEC2 14	SOCIAL SECURITY NO.	17 19	REPORMENT	ah Di	этел		ddress				
I)Ye	Unknown	If yes, give war ar dates of s	ervice)	Jnknown	-	Hospital	Reco	rde		ooress				
NO	Canditions, if or gave rise to in cause (a), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which nmediate the under: (c)	o) o) o) Hy		stiv rdia Car		ction)iseas		GIVEN	IN PART	ONSE	. WAS	DEATH
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED). (Enter noture o	of injury in I	Part I or Par	t II af item 18.)					NO E
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While*	NJURY OCCURRED		CE OF INJURY (tary, street, affice			ar tawn)		(C	ounty)		(State)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at lattended the 9/30	12	and that	death		3:50P	ADDRESS (Se		s and	on th	e date	e state	deceased abave ATE SIGNED 13/60
220		N. 22b. DATE THEREO	OF L	Unwersi	TERY OF	1 Md			TION (City, low			,	(Stat	e)
23.	FUNERAL DIRECTOR	s SIGNATURE	I	adoress as	Wast	md.	24a. REC'	D BY REGIST			AR'S SIG			

	TE OF DEATH		TECH.	
		WALLEY WAS		
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CERTIFICATE OF DEATH

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	DOMO							Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY Anne Arts	ndel		MARY	LAND	2. USUAL RESIDENCE (Who STATE Maryland	ere deceased	b. COUNTY	ni Residence		sion)
	outside corporate limit	, write	1mo 15	day:	c. CITY OR TOWN (If o	utside corpor				n)
d. NAME OF HOSPIT	11a L (If not in hospitol, gi	ve street o		uay	d. STREET ADDRESS		3//			SIDENCE
Crownsv	11e State	Hospi	tal		1601 Bruce	Court				NO X
3. NAME OF DECEASED (Type or print)		harle			Russell	4. DATE OF DEATH	Mont 9	h	27	Year 60
5. SEX Male	6. COLOR OR RACE	7. MARRI WIDOWE			8. DATE OF BIRTH February 18,		9. AGE (In years lost birthdoy) 75 yrs.		YEAR IF UND	
during most of work	N (Give kind of work d	one 10b. I	CIND OF BUSINESS O	R INDUS	Maryland	or foreign co	untry)	12. CITIZ	U.S.A	
13. FATHER'S NAME AL f:	red Russel				14. MOTHER'S MAIDEN N	IAME				
15. WAS DECEASED EVER (Yes, no. or unknown) Unknown	IN U. S. ARMED FORCE If yes, give war ar dates of se	vice)	ocial security no. Jnknown	17. 11	NFORMANT Hospital Rec	ords	Addre	ess		
PART I. DEAT 45 Conditions, if or		C	ardio-resp	irat	tory Failure	ed			INTERVAL BI	
gove rise to in couse (o), stating the lying couse last. PART II. OTH	he under- DUE TO (c) ER SIGNIFICANT COND	_		TH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART	1(o) 19. WAS PERFO	AUTOPSY ORMED?
(IF EITHER, NOTIFY	Senile S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			CCURRE	D. (Enter noture of injury in P	Port I or Port	11 of item 18.)		YES _) NO 🔼
Y 20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yea	20d. IN While of work	Not while of work	20e. PL/ foo	ACE OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City	or fown)	(Co	ounty)	(Stote)
alive an9	at Variended the	1/2 6 1/Cm	Defand that	death	accurred at 6:00	le Sta	te Hospi	nd on the	e date stat b	ed above ATE SIGNED /27/60
NAME (Type) 22a. BURIAL, CREMATION REMOVAL (Specify) 28. FUNERAL DIRECTOR	101116		22c. NAME OF CEME	W.	JHUM. PAK		ON JENT JUNE	<u> </u>	844	/27/60

y the funeral director, 2 shauld be filed with EDIRECTOR: After this certificate has been signed by the attending physician and completely filled build be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar ta burial, crematian, ar removal, and in any event within 72 hours after death. page 3 shauld be detached for use as the burial-transit permit. VS A15 (4) 15 M 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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VS A15 (4) 15M 9/55

ARYLAND STATE DEPAI	RTMENT OF	HEALTH-BA	LTIMORE,	18

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	9929	CERTIF	ICA	TE OF DEAT	н		Reg. D	ist. No	098	392
1. PLACE OF DEATH o. COUNTY Anne Arun	del	MARYLA	- 11	. USUAL RESIDENCE (W o. STATE Maryland	here deceose	b. COUNTY		nce befo	ore odmiss	sion)
b. CITY OR TOWN (If outside corporate limits, wri	to c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside corpo			give ne	arest town	n)
RURAL and give n	_ '	29 days	3	Westminis						ine
d. NAME OF HOSPI	TAL (If not in hospital, give str			d. STREET ADDRESS	POST				•. IS RES	SIDENCE
OR INSTITUTION						06.	37	3	ON A	FARM?
3. NAME OF	le State Hosp			Unknown	T					
DECEASED (Type or print)	First	Middle		Lost	4. DATE OF	Mon		Do		Yeor
	Prest	on	-	Snowden	DEATH	9		4		1960
5. SEX		ARRIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthday)	Months	Doys	Hours	ER 24 HRS. Min.
Male		OWED DIVORCED		1878		lost birthday) 82 yrs.		Duys	Hours	min.
10o. USUAL OCCUPATION during most of wor Unknown	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Slote Unkr		ountry)	12. CI		S.A.	COUNTR
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
Unknown				Unkr	OWN					
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFO	DRMANT	20 1122	Addi	rest			
Unknown	(If yes, give war or dates of service)	Unknown		Wagnital Wa	abreas					
	ATH [Enter only one couse po			Hospital Re	COLUS				ERVAL BE	
	DUE TO ny. which (b) A	cute Myocardia			ar Disc	ease		ONS	SET AND	DEATH
PART II. OTI Cystitis Secondar 200. ACCIDENT WORLD	(c) Sinter significant condition due to Benigary to Cerebral	enility NS CONTRIBUTING TO DEAT N Prostatic Hy Arterioscler DESCRIBE HOW INJURY OCC	yperi	Senility	onic B	rain Synd	YEN IN PA	RT 1(o)	PERFO	AUTOPSY PRMED?
20c. TIME OF INJUR Hour o. m. p. m.	wi	d. INJURY OCCURRED ille Not-while work of work	0e. PLACI factor	E OF INJURY (Home, farry, street, office bldg., etc.	n. 20f. (City	or town)	-	(County)		(Slote)
21. I certify th	at attended the deci	eased fram 8/5		, 19 60 , ta_	9/4	1960	that I	last er	rw the	decense
alive an		9 60 fand that d	leath o	ccurred at 8:301	ADDRESS (S	n the causes a treet, city or lown, ate Hospi	and an i	Md.	te state	
	171, 22b. DAYE THEREOF	22c. NAME OF CEMETI	ERY OR S	REMATORY Kaylord	1/8	TION (City 109h, o	no	9/	(Slote	C
Illm.	Reese	If and	pro	100	3 '60	Cluthun				

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. NAME OF DECEASED of testimates Desidence before orimission) (Type or Print) 2. DATE OF DEATH Anne Stoll 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY FULL NAME OF HE NOT IN HOSPITAL OF Md. HOSPITAL OR INSTITUTION c. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) Brooklyn D, STREET ADDRESS (If rural, give location) 4356 Sixth St. death. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) If Under 1 Year If Under 24 Hours fast birthday) after Married Months Days Haurs Min. 1D.A USUAL OCCUPATION (Give kind of 1Ds. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) wark dane during mast of warking life, even haurs 12. CITIZEN OF if retired) Housewife WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jos. Oceak 1S. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (Yes, no or unknown) 17. INFORMANT (If yes, give war ar dates of service) SECURITY NO **ADDRESS** Family Same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 9 LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, has been signed by urial-transit permit. removal, injury or complication which coused death. **ANTECEDENT CAUSES** 20 DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE crematian, UNDERLYING CONDITION LAST. CERTIFICATION 11 burial, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. p IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART LOG PART II 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION priar 2D. AUTOPSY? 22. I certify that (I) (this hospital) attended the deceased from__ _19__Ga_, that (I) (we) lost saw the deceased alive on ond that in (my) (our) opinion death occurred at_ 10 A _m., from the causes ond on the dote stated above Board 23A. SIGNATURE 23B. ADDRESS exem Silvit 23c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 0 STAFF PHYS. page 3 the Stat 24A. BURIAL, CREMATION, REMOVAL (Specify) 24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, tawn, ar caunty) 9/19/60 Cedar Hill Ceme Balto. 25, 25A. DATE REC'D BY HEALTH DEPT. 25c Funeral Director
Recully Funeral Homes 130 E. Fort Ave. jhh 258. NAME OF REGISTRAR

After this detached far OR ATTEND 3 should be FUNERAL 0 0 VR A15 (4) 15M 9/59

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1. PLACE OF DEATH o. COUNTY Anne Ar	undel		MARYLA	2.	usual residence (w o. STAJE Maryland	here decease	d lived. If institution b. COUNTY ANNE			ore admiss	iion)
b. CITY OR TOWN RURAL ond give Crownsy		, write	c. LENGTH OF STAY IN 28 days	1b	annapoli		orate limits, write R	URAL ond	give ne	arest fowr	n)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, giv	e street d	address)	8	d. STREET ADDRESS 12 Pleas		urt			e. IS RES ON A YES	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Mil	ton	Middle Paul		Thompson	4. DATE OF DEATH	Man	ith	De 2		Year 19 60
5. SEX Male	2.00	7. MARR	NEVER MARRIED		cember 26,	1917	9. AGE (In years lost birthdoy) 42 yrs.	IF UNDER	Days	Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPATION Most of wind Storeke	TION (Give kind of work do orking life, even if retired) eeper	one 10b.	KIND OF BUSINESS OR I	NDUSTRY		or foreign o	ountry)	12. CI		Se.A.	COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
Selman	Thompson				Agnes Ho	lland					
	VER IN U. S. ARMED FORC	vice)	social security no.	17. INFOI	RMANT spital Rec	ords	Add	ress			
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	ITIONS (Psychot	ic D	nd Dehydrate pressive l	Reacti		VEN IN PAR		PERFC	
	YG CAUSE OF DEATH		CRIBE HOW INJURY OCC	e. PLACE	OF INJURY (Home, far	m, 20f. (Cit			County)	(State)
20c. TIME OF INJ	10	While at war	k ot wark	foctory	, street, office bldg., et	(c.)					
	that l'attended the 9/28	deceas	ed from 8/30			ADDRESS (S		and on (stote) Ltal,	Md.	ote stot	decease ed abov ATE SIGNE 2/28/6
220. BURIAL, CREMAT REMOVAL (Special) 23. FUNERAL DIRECTO	10-2-6	so will	ADDRESS ADDRESS	NOR OF	240. REC	22d. LOCA C'D 8Y REGIS OCT 1 0		or county) AAA STRAR'S SI			ne)
			L	w	000						

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page & DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 12-hours after death. moy be TO HOSPI

y the funeral director, d 2 should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

09895 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLAN	40	2. USUAL RESIDENCE (WHO STATE		d lived. If institution b. COUNTY.	on: Residenc	e before a	idmission)
	Arundel				Marylar		b. COUNTY	Baltin	ore (City
RURAL ond give n	(If outside corporate limit learest town)		c. LENGTH OF STAY IN	- 11	c. CITY OR TOWN (If o	outside corpo	rote limits, write R	URAL ond g	ive nearest	town)
	sville		4 mo. 6 days	3	Baltimo	ore		S/ C	-	4-
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street o	oddress)		d. STREET ADDRESS				e. I	S RESIDENCE
Crown	sville Stat	e Hos	pital		1031 W. Fa	yette	Street			ES NO 🔯
3. NAME OF DECEASED (Type or print)		lia	Middle		Tillman	4. DATE OF DEATH	Septem		Doy 15	Yeor 1960
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED		3. DATE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS.
Female	Negro	WIDOWE	D DIVORCED	וכ	December 13,	1920	39 yrs.	Months	Days H	ours Min.
10a. USUAL OCCUPATION during most of war	ON (Give kind of work d rking life, even if setired) 468710	one 10b.	KIND OF BUSINESS OR IF	NDUS	North Ca.	roling	ountry)	12. CITI		S.A.
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(Yes, no. or unknown)	ER IN U. S. ARMED FORG	rvice)					Addr	ress		
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Š A	cute Parano			BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	'EN IN PART	P	PERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	JRRED	. (Enter nature of injury in I	Port I or Por	t II of item 18.)			
20c. TIME OF INJUING Hour o. m. p. m.	RY Month, Doy, Yeo	While a	IJURY OCCURRED 204 Not_white of work	e. PLA fact	CE OF INJURY (Home, form lory, street, office bldg., etc.	20f. (Cit)	or town)	(C	ounty)	(Stote)
					, 19 60 , ta S accurred at 11:10					
ACTUAL SIGNATURE	Ween	1 7	W	A		ADDRESS (S	treet, city or town,	stote)		DATE SIGNED
PHYSICIAN'S NAME (Type)	L. Benedict,	M.D	•		Crownsvil	le Sta	te Hospi	tal		
MAZZOU	ON, 726. DATE THEREO	0	Charles of CEMETER		CREMATORY	228. 100A	TION (City town)	or county)	C.	(Stote)
23 FUNGHAY DIRECTOR	S SIGNATURE	ق رسا	22 M. Selv	mal	/	EP 1 9		STRAR'S SIG		

TO FUNER VS A15 (4) 15M 9/55

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9933

CERTIFICATE OF DEATH

Reg. Dist. No. 09896

טעט	9)			_	R	leg. Dist. No). 110001
1. PLACE OF DEATH o. COUNTY Anne Arundel		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased l	ived. If institution: b. COUNTY Baltimo		
b. CITY OR TOWN (If outside corporo RURAL and give nearest town) Crownsville	te limits, write	t. LENGTH OF STAY IN 16 3 years 1 mo. 2 days	c. CITY OR TOWN (If or Baltimore	utside corporol		AL and give no	
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION	oital, give street oc		d. STREET ADDRESS	A			e. IS RESIDENCE ON A FARM?
<u>Crownsville S</u>	tate Hos	pital	5233 Denmor				YES NO X
3. NAME OF DECEASED (Type or print)	First Sarah	Middle Bell	Timpson	4. DATE OF DEATH	Month 9	1	7 1960
5. SEX 6. COLOR OR I		D NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9.		UNDER 1 YEA	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life even if r	retired)	IND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole of Maryla		ntry)		of What Country?
13. FATHER'S NAME	hu i	TONES	14. MOTHER'S MAIDEN N	/	11/3/2	تر	
15. WAS DECEASED EVER IN U. S. ARMEI 15es. no. or unknown) Iff yes, give wor or do Unknown	ates of service)	nknown	Hospital Reco	ords	Address		
Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause last.	(b)UE TO (c)		eriosclerotic Disease				
CATIO			T NOT RELATED TO THE TERMII			I IN PART 1(o)	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH NER) 206. DESCR	RIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in P	Port I or Part II	f of item 18.)		
20c. TIME OF INJURY Month, Day Hour a. m. p. m.	While		ACE OF INJURY (Home, form, portory, street, office bldg., etc.		r town)	(County	(Stote)
21. I certify that I attended alive an 9/17			accurred at 10:451	ADDRESS (Stre	the causes and et, city or town, sta	d an the de	saw the deceased ate stated above DATE SIGNED 9/19/6
141	Benedict	, M. D.	Crownsyill	le Stat	e Hospita	al, Md.	9/17/60
220. BURIAL, CREMATION, REMOVAL (Specify)	HEREOF 2-60	22c. NAME OF CEMETERY O	OR CREMATORY	Bal	Semore	county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ease !	ADDRESS 3223 Selvi	1 04	2 2 '60	AR 24b. REGISTR	AR'S SIGNATI	JRE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be made by the hospital or attending physician.

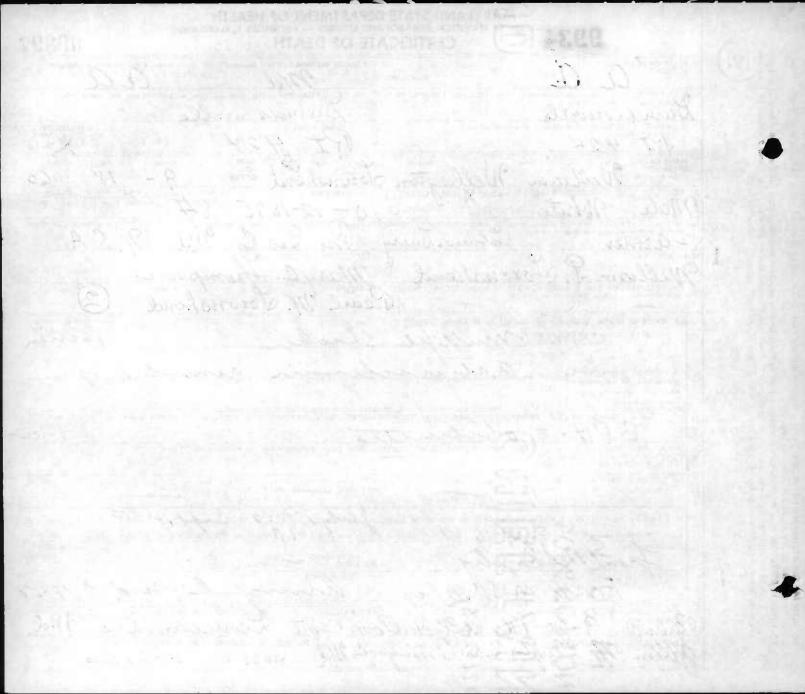
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled. By the funeral director, y the funeral directar, of 2 should be filed with D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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y the attending physician ond campletely filled in Then please remave carban papers. Pages I are and in any event, within 72 hours after death.	
may be the med by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in the funerage 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be the State Board of Health priar to burial, cremotian, ar removal, and in any event, within 72 hours after death.	0
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1.	PLACE OF DEA o. COUNTY	a a		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived. b.	If institution: Reside	nce before admission	on)
	RURAL ond	WN (If autside carpo give nearest tawn)	orate limits, write	c. LENGTH OF STAY IN 16	- X	(If outside corporate limi	10 -6	give nearest tawn)	
1		OSPITAL (If nat in h	ospital, give street o	address)	d. STREET ADDRES	drown	1	e. IS RESID ON A I YES SO	
3.	NAME OF DECEASED (Type or print)	91,00	First 91	Middle +	Lost S	4. DATE OF DEATH	Manth	Day Ye	eor 966
5.	Mc.	6. COLOR O	R RACE 7. MARR	DIVORCED	8. DATE OF BIRTH	MA.	pirt (97) Months	R 1 YEAR IF UNDER	
10	a. USUAL OCCL	JPATION (Give kind of working life, even	of work done 10b.	KIND OF BUSINESS OR INC	USTRY 11 BIRTHPLACE S	tate or foreign country)	12.CI	TIZEN OF WHAT CO	DUNTRY
1	FATHER'S NAM	nev	2 y	Gallo-Nalry	14. MOTHER'S MAIDI	EN NAMEY	ia. 19	10 17	
15 (1	. WAS DECEASE es. no, or unknown)	DEVER IN U. S. AR/		Social Security No. 17	Internant M	Lowns	head head	(2)	
	200	OF DEATH [Enter on		e for (a), (b), and (c).	11. 0	0 000 170	12/100	INTERVAL BET	DEATH
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ATION			NT CONDITIONS C	ONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TO	ERMINAL DISEASE COND	DITION GIVEN IN PA	RT 1(o) 19. WAS A PERFOR	
CERTIFIC	OR CONTRIBL	NT WAS UNDERLYIN UTING CAUSE OF OTIFY MEDICAL EXA	DEATH	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I or Port II of it	em 18.)		
MEDICAL	Hour	INJURY Manth, [a. m. p. m.	While		PLACE OF INJURY (Home, foctory, street, office bldg.		n)	(County)	(Stote
	123	y that (1) (this h	0 1	ed the deceased from	death accurred at	AM. from the co		, that (I) (w	
	22a. SIGNA		Ship	ly	M.D. PHYS.	MED. STAF	F		DATE
	22c. PHYSICIA NAME (T	ype)Frdu/	2 ms	hip/ex	22d. ADDRESS	napol	in my	1 1/1	9. 6
23	g. BURIAL, CREATING MOVAL (Sp.		0-1960	Oll Hall	or CREMATORY Cent	Danie	ity, town, or county)	la 1991	Nel
24	John	CTOP'S SIGNATURE	cuylor S	us Comey	ence MID	SEP 21 '60	25b. REGISTRAR'S S		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excuted within 24 haurs after death. Page 4 may be in add by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director. The page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.	M
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in 24 haurs after death. Page 4

3031 CERTIFICATE OF DEATH					
a. Co	DUNTY (MARYLAND	2. USUAL RESIDENCE (Where decessed lived of institution: Residence before admission) a. STATE		
	TY OR TOWN (If autside carporate limits, wr IRAL and give nearest tawn)	ite c. LENGTH OF STAY IN 16	CITY OR TOWN (If ayliside carporate limits, write RURAL and give nearest tawn)		
	AME OF HOSPITAL (1) of in haspital, give st	feet address)	6. STREET ADDRESS ON A FARM? YES NO		
DECE	RE OF ASED LOUISE	Helen	Sumer DATE Manth Day Year DEATH 9 26 1960		
SEX C	0 // /	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 9. AGE (In lears IF UNDER 1 YEAR IF UNDER 24 HR5. If UNDER 24 HR5. If UNDER 24 HR5. If UNDER 24 HR5. If UNDER 34 HR5.		
	UAL OCCUPATION (Give kind af wark dane ing mast af warking life) even if retired)	10b. KIND OF BUSINESS OR INDU	USTRY 17 BIRTHPLACE (State or to bign county) 12. CITIZEN OF WHAT COUNTRY?		
	HER'S NAME GEORGE	Surner	14. MOTHER'S MAIDEN NAME Helen Bell		
5. WAS	5 DECEASED EVER IN U. 5. ARMED FORCES? or unknown) (If yes, give war or obles of service)	16. SOCIAL SECURITY NO. 17.1	Louve Brown 63 C. Chitoro		
18.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).	whoman to the deman interval BETWEEN ONSET, AND DEATH		
9	anditions, if any, which ave rise to immediate use (a), stating the under-	Jerevoliz	ed Car Commatoris 6. write		
	ing cause last. (c)	INS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY		
	TAN III OTTER STORTINGART CORDING	TO GOTTINGO INTO TO PERITI	PERFORMED? YE5 \(\text{NO} \(\text{NO} \)		
≥ OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I ar Part II af item 18.)		
20c.	Haur a.m. W		PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (5tate) actacy, street, affice bldg., etc.)		
	I certify that (I) (this haspital) att	1 10/6	death accurred at H.M. from the cause and an the date stated above.		
220	RE Relief	ilen	M.D. ATTENDING MED. STAFF PHYS. 221. DATE SIGNED		
220	PHYSICIÁN'S NAME (Type)		10-cla, STANAPOKU/17d		
13	RIAL, CREMATION, 23b. DATE THEREOF MOVAL (Specify)	SO PAME OF CEMETERY	Cemetors Drewery 11/Q.		
A. FUN	IERAPOIRECTOR'S SIGNATURE	ADDRESS	25d. REC'D BY REGISTRAR 25b. REGISTRAR'S BIGNATURE		

A Maria de Stabilitado de 12.00 De Danie Harris Marine Character College College Leria Hiller Turren Envelope 7 12-14920 39 House with Milling of the face · Correspondences - Helen Butte. Leveres Grown 6.20 Of Ten Brown of sole Medical Comotor hill of the Millian the wat of the state of the same of the

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and an international or directions of the property of the prop	RAL	sho	te Board of Health prior to burial, cremation, or removal, ond in any every, within 72 hours after death.	

A ATTENDING PHYSICIAN: The law requires that the death certificate be

within 24 hour after death.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Marylam Anne Arundel Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) RURAL - Earleigh Heights 9 days Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Rt-1, Box-323 Anne Arundel General Hospital YES NO Middle 4. DATE Year Month Day DECEASED VAN ORSDALE DEATH (Type or print) Andrew September 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys 55 yrs. White DIVORCED [Male WIDOWED X June 14, 1905 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. West Virginia Laborer Concrete Block 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME C.T. VANORSDALE Hink IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or Jesse James Corbin. same as 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER-GIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter, noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF MJURY (Home, farm, 20f. (City or town) RURA L (County) factory, street, affice bldg., etc.) Rifelfie Highway A 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year Hour o. m. While Not while of work of work 21. I certify that (I) (Heighespital) attended the deceased fram Sept. 3, 1960, to Sept. 11, 1960, that (I) (30 last saw the deceased alive on Sept. 11. 1960, and that death accurred at _____M, from the causes and an the date stated above. 22a. SIGNATURE 9:35 A.M. ATTENDING PHYS. SIGNED STAFF PHYS. | MED. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 3230 Mountain Road, Pasadena, Md. Henry W. Scheye 23b. DATE THEREOF 23a. BURIAL. CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Baltimore . Md 5/60 Lorraine Park 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR DATE SEP 1 6 '60 Hopping and Kirkley Glen Burnie, Md.

may be State State VR A15 (4) 1SM 9/S9

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9893

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1. PLACE OF DEATH		Item 7 Pilm	271 9 19 60 2. USUAL RESIDENCE (W	et	d If institution	. Paridance hafo	co admission)	
a. COUNTY	Anne Arundel	MARYLAND	a. STATE Mary		b. COUNTY	Anne Ar		
	autside carporate limits, write arest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			RAL and give nea	prest town)	
OR INSTITUTION	L (If not in hospital, give street 1 General Hospi		d. STREET ADDRESS Indian La	anding Ro	oad		e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print)	First John	Middle CHARLES	Lost WALLIS	4. DATE OF DEATH	Month			
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	lo	GE (In years ist birthday)	F UNDER 1 YEAR Manths Days	IF UNDER 24	_
Male	White WIDOW		March 15, 18		77 yrs.	10 61717711 01		1701//
Baring mast a prarki	N (Give kind of work dane 10b. ng life, even if retired)	KIND OF BUSINESS OR IND	Marylar		γ)	U.S.	WHAI COU	NIRY?
13. FATHER'S NAME	0 8110	10: h	14. MOTHER'S MAIDEN	PAME 4	1:11	المساة ا		
		SOCIAL SECURITY NO. 17.	INFORMANT	7, 0	Addre	55		
[Yes, no, or unknown] (I	f yes, give wor or dates of service)	M	S JOHN A. W	HEELEI	P	2		
	TH (Enter only one cause per like WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	Henry De	nlin	1		ERVAL BETWEE	
Canditians, if an gave rise to im cause (a), stating the lying cause last.	mediate (DUE TO	(Whas	war tall	meme	Dasi	<i>ð</i>	y)
PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	AINAL DISEASE CO	NOTION GIVE	N IN PART 1(a)	PERFORME YES N	ED?
OR CONTRIBUTING	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II a	f item 18.)			
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year 20d. While at wa	Nat while	PLACE OF INJURY (Hame, fare factory, street, office bldg., et		awn)	(Caunty)	((State)
	(I) (16066661) attended alive on Sept. 12	1 -	Sept. 6, 19	M from the				
220. FONTURE	ny Kl	lewons	M.D. ATTENDING M.D. PHYS.	5 P.M.	TAFF HYS.	Ton the date	22b. DA	
22c. PHYSICIAN'S NAME (Type)	Maurice Klawa	ns	31 Southge	ate A'e.,	Annap	olis, Md	•	
Burial (Second)	9-14-CO	St. John	OR CREMATORY	23d. LOCATION	Bity, town, ar	Il 1	UD.	
24. FORERAL DIRECTOR'S	Toylor So	address Ournage	lis Med DATE S	EP 1 3 '60	2Sb. REGIST	TRAR'S SIGNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be not the hospital or afterding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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		With Colons	S. W. A.L. Ward

FUNER 0 VS A15 (4)

1SM 10/57

FUNERAL DIRECTOR'S SIGNATURE

Funeral

Home

Annapolis, Maryland

ADDRESS

Annapolis 24g. REC'D BY REGISTRAR DAMES P 1 3 '60

24b. REGISTRAR'S SIGNATURE

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> PERFORMED? YES NO T

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MARYLAND STATE DEPARTMENT OF HEALTH

9595 CERTIFICATE OF DEATH

09902

1. PLACE OF DEATH o. COUNTY Anne	Arundel		MARYLAND	C STATE		here deceased arylan	l lived. If instituti b. COUNTY			re odmissi rund	
b. CITY OR TOWN (RURAL and give n Annapo		s, write c. LEN	GTH OF STAY IN 16		R TOWN (IF Annapo		rate limits, write R	URAL and	give nea	rest lawn	
d. NAME OF HOSPI OR INSTITUTION 220 West	TAL (If not in hospital, g Street	ive street address)			address	reet					DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fire WILLIAM	H	Middle W	ARD	Last	4. DATE OF DEATH	SEPTEM		14	,	ear 9 60
s. sex	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BI	RTH 189	3/	9. AGE (In years last birthday) 65 yrs.	IF UNDER Manths	Days	Hours Hours	R 24 HRS Min.
	ON (Give kind of work of the tale) fireman	lane 10b. KIND O	F BUSINESS OR INC	PUSTRY 11. BIRTH	Maryl	ar foreign co	ountry) .	12. CIT	IZEN OF		OUNTRY?
13. FATHER'S NAME	Joseph R.	Ward		14. MOTHE	Gertr	ude Se	rver				
1S. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORG	CES? 16. SOCIAL		INFORMANT	ard- S	on- Ed	Add gewater.		land		
Canditions, if a gave rise to cause (a), stating lying cause last.	immediate (BUTING TO DEATH B	UT NOT RELATED	TO THE TERM	IINAL DISEASI	e condition gi	VEN IN PAR		9. WAS PERFO	out
20a. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yec 19	20d. INJURY C		RED. (Enter natur PLACE OF INJUR factory, street, at	Y (Hame, farr	n, 20f. (City		(County)	YES	(State
21 Certify the saw the deced 220 SGNATURE D22 PHYSICIAN'S NAME (Type) James	a, that) attended the $9-14-1$	- / -	•	ING M	PM fram PM IED.	9-15 the causes are STAFF PHYS. □	nd an th	e date	stated 22k	
23g. BURIAL, CREMATIC REMOVAL (Specify Burial) 24. FUNETAL DIRECTOR	Sept 17,	1960 S	t. Mary s DDRESS	Cemeter	25a. REC	23d. LOCAT	TION (City, town,	ar county)	GNATUI	(State	e)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 h may be the deoth of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

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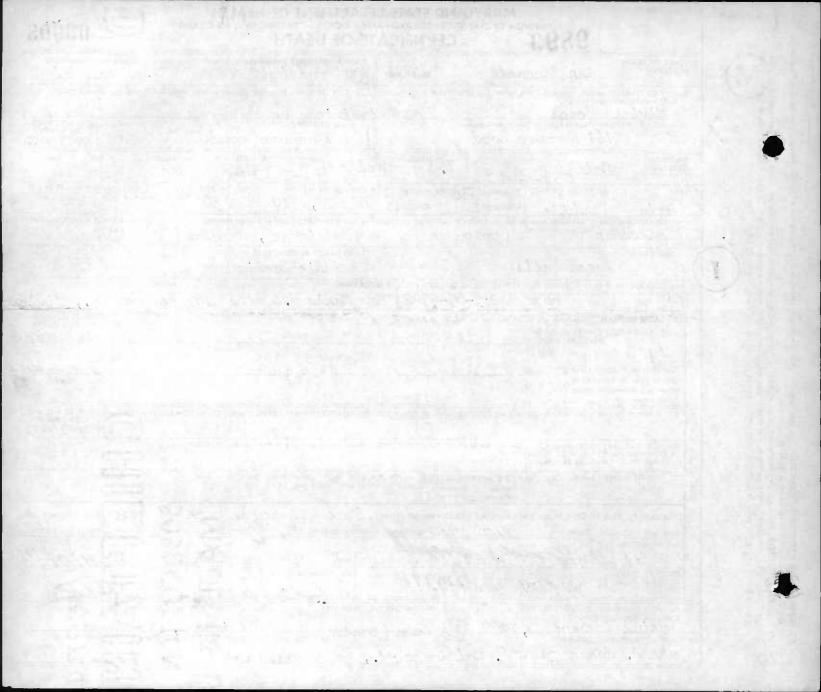
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	9899 CERTIFICATE OF DEATH	0.9
	PLACE OF DEATH o. COUNTY Ann Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission on STATE Manyland b. COUNTY Ann Arundel	1)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Riviera Beach Riviera Beach	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 767 Kenwood Road d. STREET ADDRESS ON A FIVES	ARM?
	NAME OF DECEASED (Type or print) Dallage ALLAS 7. Middle Wells Last OF DEATH 9 19	600
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours WIDOWED DIVORCED July 28, 1970 9. AGE (In years flat birthday) yrs. Months Doys Hours	Min.
	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY Baltimore, Maryland USA	UNTRY?
)	FATHER'S NAME Albert Wells 14. MOTHER'S MAIDEN NAME Annie Bostic	
S. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ADDR	ivi
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions of the under-lying couse lost. (c)	. 7
CEXILLICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFORM YES 100. ACCIDENT WAS UNDERLYING 0. CONTRIBUTING 1. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	VED3
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 19 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)	(Stote)
	21. I certify that (I) (this hospital) attended the deceased from 8/1 19/4, to 19/4, that (I) (we saw the deceased olive on 19/4, 19/4, and that death occurred of 3.M, from the causes and on the date stated of	
	226. SIGNATURE 226. [
	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Burial Sept 12, 1960 Oak Lawn Cemetery 25o. REC'D BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE	1
h.W.	John A. Moran 3000 E. Baltimore It., Balta DATEFP 13'60 adding & King	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be not be by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

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Mary Andrews					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4

	0000				Reg. Dis	1. No.	000
1. PLACE OF DEATH o. COUNTY Anne Ar	undel	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased lived. If b. C	institution: Residence OUNTY Baltimore	e before admission)	V
b. CITY OR TOWN (I RURAL ond give no Crownsv		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore					
OR INSTITUTION	TAL (If not in hospital, give street)		d. STREET ADDRESS Hill Stree	t	VOI	ON A FA	RM?
3. NAME OF DECEASED (Type or print)	First John	Middle Walter	lost Winston	4. DATE OF DEATH	Month 9	Day Year 19 19	-
5. SEX Male		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH September 27,	9. AGE (1 lost bi)		YEAR IF UNDER 2	
10a. USUAL OCCUPATION during most of work Laborer	king life, even if retired)	b. KIND OF BUSINESS OR IND		or foreign country)	12. CITI	U.S.A.	UNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			37
Newton	Winston		Betty ?				
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. Unknown	Hospital Reco	rds	Address		
Conditions, if a gave rise to i couse (a), stating lying couse lost.	mmediate (Dur TO	Pulmonary Can	cer, Primary				
PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	1(o) 19. WAS AUT PERFORME YES N	ED?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of item	18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Whi	INJURY OCCURRED le == +tot while ork of work	PLACE OF INJURY (Home, form octory, street, office bldg., etc	-)		ounty)	(Stote)
21. I certify the alive an	9/19 / / / / / / / / / / / / / / / / / /		M.D. Crownsv	•M, from the co ADDRESS (Street, city ville State	uses and an thor town, stote) Hospita	, Md. 9/	
220. BURIAL, CREMATIO REMOVAL (Specify)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City		(Stote) Maryla	nd
23 FUNERAL DIRECTOR	'S SIGNATURE	WADDRESS MA			ib. REGISTRAR'S SIG		

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1		9896	CERTIFIC	ATE OF DEATH	4	Reg. Dist. No.	9906			
/	1, PLACE OF DEATH a. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Anne Arundel						
	b. CITY OR TOWN (If RURAL and give nea	outside corporate limits, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If a	outside corporate limits, write R	URAL ond give nearest to	own)			
	Annap		D.O.A.	X Severna	Park					
3	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street Gen 1. Hosp.		d. STREET ADDRESS Box 525	d. STREET ADDRESS e.					
	3. NAME OF First Middle by 5 december 4. DATE Month Do									
	(Type or print) LILLIAN H. WOCKENFUSS OF DEATH 25th September									
	5. SEX		RIED NEVER MARRIED		9. AGE (In years last birthday)	Months Days Hou	-			
	Female	White widow		8 ^{bb} July 1891		50,5	100			
	during most of working Housewif	ng life, even if refired)	Chind of Business or Ini	DUSTRY 11. BIRTHPLACE (Stole Baltimo)	** *	12. CITIZEN OF WH	AT COUNTRY?			
	13. FATHER'S NAME		Con Home	14. MOTHER'S MAIDEN N		0.0.4.				
	J.C.	Heil		(unknowr						
		IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Add	ress				
	no /	yes, give wor or dates of service)	unknown	Mr. Albert E.	Wockenfuss	Same As #	2			
	18. CAUSE OF DEAT	H [Enter only ane cause per li	ne far (a), (b), and (c).]			INTERVAL	BETWEEN ND DEATH			
	Conditions, if ony gove rise to im couse (o), stoting the lying couse lost.	mediate DUE TO (c)	pentons	we Cardio -		56250 8	years			
Ö	CAI		CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	PER	S AUTOPSY FORMED?			
		UNDERLYING [] 20b. DES CAUSE OF DEATH SEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Port I or Port II of item 18.)					
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. II 19 White at war	_ Not while _	PLACE OF INJURY (Home, farm factory, street, affice bldg., etc.	i. 20f. (City or tawn)	(County)	(State)			
	actual signature	d lattended the decease 2723 , 19	1 0	M.D. bamb	M, from the causes of ADDRESS (Street, city or lawn, with a property of the course of ADDRESS (Street, city or lawn, and a property of the causes of ADDRESS (Street, city or lawn, and a property of the causes of					
per l	220. BURIAL, CREMATION PEMOVAL (Specify)	22b. DATE THEREOF 28些Sept.1960	22c. NAME OF CEMETERY Glen Haver	or CREMATORY Cemetery	22d. LOCATION (City, town, Glen Surnie		tote)			
1	23. FUNERALDIRECTOR'S	Signature	ADDRESS Glen Burnie,	C C	ED 2 0 ED -	STRAR'S SIGNATURE				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A FOROMITARE HIT ALER TO THE MITTARED TEAT OF ALVIAMS TA SO STADIFFICATION OF DEATH It was a block THE VENC was some seek and a se That is that at the interesting to the state of the A | W | W Short post medical statement for the property distance in the sea thinks which were the service of the servic alen Jurnin, No.